Child’s Name: T-Shirt Size (indicate Youth or Adult):

 \*\*\*Child MUST be fully potty trained.\*\*\*

Birthdate: Grade Completed: Gender:

 Address: City: State: Zip:

Parents/Guardian:

Home Phone: Cell Phone: Work Phone:

 Email:

How will this child depart from VBS? Parent/Guardian Bike/Walk

 Other Adult (Please list name)

\*\*We will **require** each child to be adequately signed out at the end of each day. Thank you for your cooperation.

Emergency Contact:

Relationship to Child: Phone:

Food Allergies:

Medical Concerns:



Return to…

1. scnazvbs@gmail.com ***OR***
2. Smith Center Church of the Nazarene

117 E New York St.

Smith Center, KS 66967