

OFFICE USE
CCB Master list
Excel Groups

2024 VBS

REGISTRATION FORM

Parent/Guardian information

Name: _____ Relationship to child: _____
Phone number: _____ Email Address: _____
Home Address: _____

Emergency Contact Name: _____
Phone Number: _____ Relationship to child: _____

Pick-Up Person Name: _____
Phone Number: _____ Relationship to child: _____

Children's information

Name: _____ Date of Birth: _____ Boy/Girl
Grade for fall of 2024: _____ Allergies: _____
Medical conditions: _____

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Grade for fall of 2024: _____ Allergies: _____
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