

2020 LGBC VBS REGISTRATION FORM

Learner's First Name: _____

Learner's Last Name: _____

Did learner attend last year? Yes No (circle one)

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email (optional): _____

Gender: Male Female (circle one)

Birthday: _____

Last Grade Completed: _____

Allergies, Medical & Special Needs: _____

Emergency Contact Name (1): _____

Emergency Contact Phone (1): _____

Emergency Contact Name (2): _____

Emergency Contact Phone (2): _____

Authorized Pickup #1: _____

Authorized Pickup #2: _____

Comments/Special Instructions: