

VBS Registration Form

July 31 – August 4, 2023

6-8:30pm

Immaculate Conception Church

522 Main Street

Marydel, Maryland 21649

410-482-8939



PARENT INFORMATION

Parent(s): _____

Address: _____

Phone: _____ Phone # during VBS: _____

Email: _____

EMERGENCY CONTACT INFORMATION



Emergency contact person: _____

Relationship to child/children: _____ Phone: _____

Who is allowed to pick up child/children? _____

CHILDREN'S NAME, AGE AND MEDICAL INFORMATION

Child's name: _____ Age: _____ Grade last year: _____

Any allergies or medical conditions? No Yes: _____

Child's name: _____ Age: _____ Grade last year: _____

Any allergies or medical conditions? No Yes: _____

Child's name: _____ Age: _____ Grade last year: _____

Any allergies or medical conditions? No Yes: _____

Child's name: _____ Age: _____ Grade last year: _____

Any allergies or medical conditions? No Yes: _____

Child's name: _____ Age: _____ Grade last year: _____

Any allergies or medical conditions? No Yes: _____

Sign _____