

# DISCOVERY CANYON

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home e-mail Address: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Home Congregation (if any): \_\_\_\_\_

If parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_