

**Student Information**

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

Date of Birth(mm/dd/year): \_\_\_\_\_

Grade Completed June of 2018: \_\_\_\_\_ Gender (circle one): M / F

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

Address

\_\_\_\_\_, \_\_\_\_\_

City State Zip Code

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent Information**

**Mother:**

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

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Father:**

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

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Do you go to church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Where did you hear about our VBS? \_\_\_\_\_

**Student Medical Information:**

Allergies (circle one): YES / NO

If "YES", please list ALL of them: \_\_\_\_\_

Epipen (circle one): YES / NO

If "YES", please bring an extra epipen in a clear bag with student's name and grade for the medical staff the week of VBS.

Asthma (circle one): YES / NO If "YES", what type? \_\_\_\_\_

If "YES", please bring an extra inhaler in a clear bag with student's name and grade for the medical staff the week of VBS.