

VBS Registration Form

Certificate of Enrollment

Crew Member (student): _____

Age: _____

Class: (if in school) _____

Parent's Name: _____

Address: _____

Phone: _____

Emergency Contact & Phone #:

Other information: (special needs, I.E., Medical, Allergies, etc.)

Siblings Enrolled:

_____ age: _____

_____ age: _____

After completing the form, save it and email it to: whitley@vancoc.org