

OPERATION ARCTIC REGISTRATION FORM

CHILD INFORMATION

Child's First & Last Name: _____

Age During VBS: _____

Birthdate MM/DD/YY: _____

Gender (Circle): M F

T-Shirt Size (Circle): Youth-Small Youth-Med Youth-Large Youth-XLarge

Food allergies?: Yes No

List food allergies: _____

Medical concerns?: Yes No

Explain medical concerns: _____

PARENTS/GUARDIANS INFORMATION*

Parent/Guardian First & Last Name: _____

Street: _____

City: _____ State/Zip: _____

Home Phone: _____ Work/Cell: _____

Email: _____

Emergency Contact: _____

Relationship to child: _____

Special Notes: _____

*Please staple forms together with additional children from your family. If there are no special considerations, you need only fill out the Parent Section once, and place on top. Thank you for registering for Operation Arctic VBS 2017!