



## Circle G Ranch VBS Registration Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home or Emergency Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Special Needs/Allergies  
\_\_\_\_\_

Who will pick up your child from Mt. Zion? \_\_\_\_\_

Please come into the sanctuary to pick up your child by 8:30pm each evening. Thank you.



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