LET'S LEARN ABOUT HAITI
VBS PROGRAM
REGISTRATION

Family Last Name _____

Parent's Name

_____

Parent email

_____

Phone

_____

Child:_____ Age _____

Child:_____ Age_____

Child:_____ Age _____

Child:_____ Age _____

Parent's
Signature_____

Allergies/Medical
Concerns:_____

If someone other than parent is picking up your child please note name and
phone:_____

Emergency Contact Name _____

Phone_____