



## 2022-2023 Wizing World V.B.S

name \_\_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardians (include address if different than your child's)

Name \_\_\_\_\_ Cell \_\_\_\_\_ Text Y N

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

Name \_\_\_\_\_ Cell \_\_\_\_\_ Text Y N

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

Medical or Other Information (Any special needs, Medications and allergies)

\_\_\_\_\_

Y N For your child's image to be posted on the Church web page

Y N For your child to be shown on social media