



Rev It Up VBS

Child's Name _____ **Age** _____ **D.O.B.** _____

Last grade completed? _____ **T-Shirt size?** *YS YM YL YXL AS AM*

List any medical conditions or food allergies _____

Parent/Guardian Names _____

Address _____ **City** _____

Phone # _____ **Cell#** _____

Emergency Contact? _____

Who may pick up your child? _____ **Bus?** _____

Do you attend Church? _____ **If so, where?** _____

Group/Leader _____