

# Childcare Registration

Rainforest Falls - VBS 2026  
June 8 - June 12, 9:00 am-12:00 pm



## Child:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Medical Conditions: Yes: \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Information we should know:

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## Parent/Guardian Information

Name of Parent Onsite: \_\_\_\_\_

\*\*\*Emergency Contact Number: (    ) \_\_\_\_\_

QUESTIONS? – Contact Cheryl Powell at [CPOWELL@sscobo.org](mailto:CPOWELL@sscobo.org) or 270-683-6525