

# Infant-Toddler & Family Center Registration Form

Register online at  
[vbsecc.campbrainregistration.com](http://vbsecc.campbrainregistration.com)

**CHILD'S INFORMATION**

CHILD'S NAME \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ LANGUAGES SPOKEN AT HOME \_\_\_\_\_

**PARENT/GUARDIAN 1 INFORMATION**

**PARENT/GUARDIAN 2 INFORMATION**

MR. \_\_\_ MRS. \_\_\_ MS. \_\_\_ DR. \_\_\_ OTHER \_\_\_\_\_

MR. \_\_\_ MRS. \_\_\_ MS. \_\_\_ DR. \_\_\_ OTHER \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

VBS MEMBERS? \_\_\_ YES, MEMBER SINCE \_\_\_\_\_  
 \_\_\_ NO

RETURNING FAMILY? \_\_\_ YES  
 \_\_\_ NO, NEW FAMILY!

**GRANDPARENT INFORMATION (FOR GRANDPARENT & ME CLASSES)**

MR. \_\_\_ MRS. \_\_\_ MS. \_\_\_ DR. \_\_\_ OTHER \_\_\_\_\_

VBS MEMBERS? \_\_\_ YES, MEMBER SINCE \_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_ NO

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**REGISTRATION INFORMATION**

Classes are for children and a family member. Payment must be included with completed registration form. Please make all checks payable to VALLEY BETH SHALOM. Mailing address: 15739 Ventura Blvd., Encino, CA 91436 ATTN: ECC. We accept VISA, MASTERCARD and AMEX. All fees are non-refundable. There will be no make-up classes. Please call 818.530.4031 for questions.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

<b>METHOD OF PAYMENT</b> ___ Check OR ___ Credit Card: ___ VISA ___ MC ___ AMEX	
Name on Card	_____
CC #	_____
EXP. DATE	_____
CVV	_____
PHONE NUMBER	_____
BILLING ZIP CODE	_____
SIGNATURE	_____