



Registration Form

Child's name: _____

Child's age: _____ (5 & older) Date of birth: _____

Last school grade completed: _____ T-shirt Size _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____@_____. _____

Home Church: _____

Allergies or other medical conditions: _____

Food Allergies: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Approved Person(s) who will Pick Up: _____

Vacation Bible School Hours - 9:30 AM to 12:30 PM
July 23-27, 2018