



REGISTRATION FORM

Child's Name _____

Parent/Guardian Name _____

Address _____

zip code _____

Email Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts Name _____ Phone _____

Name _____ Phone _____

Dismissal Information Names of persons who may pick this child up from VBS

.....
Detach & keep this part for reference .

Vacation Bible School July 12-16 2010 6-8 pm

Monday – wear GREEN!

Tuesday – wear RED!

Wednesday – wear BLUE!

Thursday – wear YELLOW!

Friday – wear PURPLE!