



## Vacation Bible School Registration Form -- 2009

**Please register by July 31, 2009**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (09-10 school year) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone of emergency contact: \_\_\_\_\_

Church Affiliation (optional) \_\_\_\_\_

Is there any health information that we should be aware of (for example, allergies)?

\_\_\_\_\_