

St. John VBS



Registration Form

(One Per Child)

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Saturday, May 30, 2015

9:30am-3pm

Cost \$5 per child, Maximum \$15 per family

(Please arrive at 9:15am for registration)

Picnic lunch provided