## 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: ()	<u> </u>
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:	

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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