

REGISTRATION FORM VACATION BIBLE CAMP

AUGUST 6-10, 2018 6:30-8:30 P.M.

Child's Name: _____ Birth date: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Street Address

City/State

Zip code

Mailing Address if different: _____

Street Address

City/State

Zip code

Email: _____ Last Grade Completed in School: _____

Medical Information: - medical or other information we need to know (please include any food allergies)

CLASS: __ Movers & Shakers (3-4 years old); __ Adventurers (Pre-k—Kinder);

 __ Explorers (1st—3rd Grade); __ Voyagers (4th—6th Grade)

EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE:)

Name: _____ Phone Number: _____

Who may pick up your child at the end of each VBC day?

Other Information:

Does your child attend Sunday school if so, where?

If your child is visiting our church, who is he a guest of ?

May we have permission to photograph your child ? Yes or No

May we have permission to use your child's photograph for the purpose of promotion ? Yes or No

Talent Show, August 11th @ Family Fun Day; please list your act of the day:

Call for more Information—503-639-3084 or 503-747-9254

Please return to **Linda Jones, Covenant Kid's Ministry**