

St. John's Presbyterian Church

*VBS Dates:

August 21-25, Sunday through Thursday, 5pm – 7:30pm

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 Phone: (____) _____

Cell Phone: (____) _____

Home email address: _____

Home church: _____

MEDICAL INFORMATION

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____