

June 25 – 29, 2018 Vacation Bible School **Mission Camp** Registration Form*
(One per child)
Rising 5th and 6th Grade
8:50 a.m. – 12:00 p.m.

Child's Name: _____ Gender: M / F

Child's Age: ____ Date of Birth : _____ Grade entering 2018/2019: _____

Name of Parents/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

In addition to Parents, Emergency Contact Name & Phone Number: _____

In addition to parents, who is allowed to pick up your child?

- | | | | |
|---|-------------|--------------|---------------------|
| 1 | Name: _____ | Phone: _____ | Relationship: _____ |
| 2 | Name: _____ | Phone: _____ | Relationship: _____ |
| 3 | Name: _____ | Phone: _____ | Relationship: _____ |

Please list any special needs including but not limited to allergies, sensory, attention, other physical, social, or emotional challenges: _____

Family Doctor/Hospital preferred: _____

Home church: _____

Would you be willing to volunteer? Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Name of a friend your child might like to be with: _____

Comments for VBS Staff: _____

**A permission slip is required before the start of VBS.
This will be sent to you after you have registered.*

