

June 19th – 23rd, 2017 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 2017/2018: _____

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.**

M i s s i o n C a m p

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