



**St. Paul's U.C.C. - Vacation Bible School**

**June 17<sup>th</sup> – 21st, 2019**

**9am-Noon**

**REGISTRATION FORM:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

*\*Please add additional children on back if needed.*

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Dismissal/Emergency Contacts (My child may be released to the following people):*

- 1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Permission granted to photograph/video and release images: (Please circle one.)*

*(No names will be used)*

YES

NO