Vacation Bible School Registration Form

June 12 - June 16, 2023

STELLAR

SHINE JESUS' LIGHT

Parent/Guardian Name(s): _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone #:** _____

Secondary Phone #: _____ **Email Address:** _____

Emergency Contact Name: _____ **Phone #:** _____

Home Church: _____

Who other than parent/guardian can pick up child: _____

_____

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade Completed:** _____

Allergies or Medical Concerns: _____

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade Completed:** _____

Allergies or Medical Concerns: _____

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade Completed:** _____

Allergies or Medical Concerns: _____

Child's Name: _____

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Allergies or Medical Concerns: _____