



Registration Form

(one per child)

Homeville Christian Church Vacation Bible School

June 19th - 23rd

6 - 8:00 PM

Ages 4yr old Preschool – 6th Grade

Child's Name: _____

Grade Completed: _____ Birthday: _____ / _____ / _____ Age: _____

Parent's Name(s): _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact Person: _____ Relationship to Child: _____

Phone # for Emergency Contact: _____ Alternate Phone: _____

Food Allergies: (Yes or No) If yes, explain: _____

Medical Concerns: (Yes or No) If yes, explain: _____

Siblings Attending VBS

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

Person(s) Name(s) Who May Pick up Child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Homeville Christian Church Member (Yes or No) Church Affiliation: _____

**Vacation Bible School leaders have permission to photograph/video child designated above to put on the church website and Facebook page for purposes associated with this VBS program.

Parent's Signature: _____ Date: _____