



# Registration Form

(one per child)

## Homeville Christian Church Vacation Bible School

June 17<sup>th</sup> – 21<sup>st</sup>

6 - 8:00 PM

Ages 4yr old Preschool – 6<sup>th</sup> 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: \_\_\_\_\_

Mail to: Homeville Christian Church, 4702 Eliza Street, West Mifflin, PA 15122