



United Church of Auburn

VBS 2016

AUGUST 1ST THRU 5TH

5:45 UNTIL 8:00 PM

Registration Form

(One Per Child)

Crew Number _____

Child's Name: _____ Child's gender: _____

*Name of parent/guardian(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

***Unless others instructed, your child will be released only to the person(s) listed above. If anyone else is allowed to have your child released to them, please list them below, then sign and date.**

Name	Relationship to child
1. _____	_____
2. _____	_____

Other than myself, my child may be released to those listed above.

Parent/guardian signature _____ Date _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Mail to or drop off at 77 Metcalf Drive, Auburn, NY 13021

Or

E-mail to kasi622@yahoo.com