



Vacation Bible School | June 4-8 | 5:15-8pm

Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's Age: _____ Date of birth: _____ Last school grade completed: _____

Name of Parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

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

Home email address: _____

Home church: _____

Crew number or name (church use only): _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: (_____) _____ Relationship to child: _____

Return or mail to: First Mennonite Church
381 W Washington
Aberdeen, ID 83210