

# Registration Form

Set Sail!  
Vacation Bible School Registration



Parent(s) name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_

Child name(s): \_\_\_\_\_ Entering grade: \_\_\_\_\_  
\_\_\_\_\_ Entering grade: \_\_\_\_\_  
\_\_\_\_\_ Entering grade: \_\_\_\_\_  
\_\_\_\_\_ Entering grade: \_\_\_\_\_  
\_\_\_\_\_ Entering grade: \_\_\_\_\_  
\_\_\_\_\_ Entering grade: \_\_\_\_\_

Does your child have any allergies or medical conditions?  
Please explain them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# JOIN the CREW!

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