



Vacation Bible School
Emmanuel Episcopal Church
July 16-20, 2017

Dinner at 5:45 Program at 6:15

Child Registration Form

Child's Name		Parent/Guardian Name
Age	Last grade completed	
Address		
Email address		
Phone Numbers	Home	Cell

Allergies/Medical Information/Other

Please list anything you feel we need to know about your child's health, allergies, and conditions.

Emergency Contacts

Name	Phone Number
Name	Phone Number

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

Photos will be taken all week long, Emmanuel Episcopal has my permission to use these photos on social media and the church website.

YES

NO

Signature: _____