

Registration Form:

Complete one per child, and please print!

group color: _____ allergy: _____ <small>For registration use only</small>
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First Name: _____ Middle Initial: _____

Last Name: _____

Grade entering in the fall: _____ Birthdate (mm/dd/yyyy): ____/____/____

Parent(s) or Guardian(s) Name(s): _____

Home Address: _____ Apt. # _____ City: _____

Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Is there a friend in the same grade you would like to be in class with? _____

Elementary school: _____ Home church: _____

How did you hear about us? _____



Emergency Information:

Contact phone during VBS hours: _____

Other contact if we cannot reach you:

Name: _____ Phone: _____

Relationship: _____

I give permission for my son/daughter, _____, to take part in "The King Is Coming" Vacation Bible School, sponsored by Good Hope Presbyterian Church, July 6-10, 2009. I give permission to the adult staff to obtain emergency medical assistance for my child should they be unable to contact me.

Parent/Guardian Signature: _____ Date: _____

Any allergies? (especially food or insects) (circle one) N or Y

If yes, explain: _____

Will your child need to take any medications during VBS? (circle one) N or Y

If yes, explain: _____

Please speak with Pam Meyer on the first day of VBS!

Please mail this registration form to:

VBS, Good Hope Presbyterian Church, 12131 Route 216, Fulton, MD 20759