

# First Christian Church VBS 7/21-7/25

## Registration Form

(One Per Child)



It is required to provide an answer to ALL questions. We need to be able to contact you and give accurate medical information if your child is left within our care!

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Name of Parent/Caregiver(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Caregiver's Cellphone: \_\_\_\_\_

Parent/Caregiver's Email Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

### ✚ Child Medical and Emergency Section

Allergies, including FOOD, or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cellphone: \_\_\_\_\_

### Church Use Only

Crew Number or Name: \_\_\_\_\_