



Vacation Bible School

for children 3 to 10 years old
July 7 - 11, 2008 6:00-8:00pm

Registration Information

Child's Name _____ Birth Date _____ Age and Grade _____ VBS use: COLOR GROUP _____

Will be attending on:

All week ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Childcare is available for adults working at VBS. Please list the children(s) and age(s):

Parents' Name(s): _____ Contact #: _____

Address: _____ City/State/Zip Code: _____

Home Church: _____

Alternate contact authorized to pick up your child: _____

Physician's name: _____ Contact # _____

Allergies and medical conditions: (Allergies will be posted for VBS staff)

I authorize my child to attend and participate in All Saints Anglican Church Vacation Bible School Program.

In case of emergency, I authorize All Saints Anglican Church VBS to seek emergency treatment for my child and to arrange transportation to nearest medical facility.

Parent/Guardian Signature _____ Date _____