



Registration Form
Memorial Presbyterian Church
Vacation Bible School August 9th - 12th,
2009

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Email Address: _____

Phone Numbers: Home: _____ Cell: _____
Work: _____

Age Information: Date of Birth: _____
Age: _____

Last school grade completed: _____

Home Church: _____

Allergies/Medical Information/Other: _____

Emergency Contacts:

Name: _____
Phone: _____

Name: _____
Phone: _____

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

Other Information (church use only):

Camper Group:

Are Parents helping with Camp E.D.G.E VBS?

_____ If yes, where? _____

Please return Completed forms to: The Church Office

