

## Registration Form

(one per child)

## JULY 6 TO 10, 2015 9:00 TO 11:30 AM DAILY FOR CHILDREN AGE 4 THROUGH GRADE 5

:\_\_\_\_\_ Gender: m/f\_\_\_\_

Child's Name:	Gender	Gender: m/f	
Child's Date of Birth:	Last school grade completed	·	
Child's Date of Birth:  (D.O.B. must be before July 1, 2011)			
Name of Parent(s):			
Address:	City:		
Email:			
Home phone: Pa	arent/Caregiver's cell phone:		
Allergies or medical conditions:			
Emergency contact person:			
Relationship of emergency contact to child:			
Phone # of emergency contact:			
Name of person picking up/dropping off child from VBS:			
Home Church: (please check one)			
☐ NWCRC ☐ none at present ☐ Other:			



## MEDICAL & LIABILITY RELEASE WAIVER

Child/Children's Name(s):