



VACATION BIBLE SCHOOL 2011
July 11th to 15th, 2011
Family Registration Form
Deadline – 6/12/11

**PLEASE NOTE: WE CANNOT HONOR REQUESTS FOR CHILDREN
TO BE PLACED TOGETHER**

DATE OF REGISTRATION: _____ Parent's e-mail _____ Parent's cell phone _____

LAST NAME: _____

1ST CHILD'S NAME: _____ BIRTHDATE _____ Male () Female ()

WNS 4 YR OLD PROGRAM SEPTEMBER 2011 (please check) _____

SCHOOL _____ ELEMENTARY GRADE FOR SEPT. 2011 _____

2ND CHILD'S NAME: _____ BIRTHDATE _____ Male () Female ()

WNS 4 YR OLD PROGRAM SEPTEMBER 2011 (please check) _____

SCHOOL _____ ELEMENTARY GRADE FOR SEPT. 2011 _____

3RD CHILD'S NAME: _____ BIRTHDATE _____ Male () Female ()

WNS 4 YR OLD PROGRAM SEPTEMBER 2011 (please check) _____

SCHOOL _____ ELEMENTARY GRADE FOR SEPT. 2011 _____

ADDRESS: _____
STREET CITY ZIP

HOME TELEPHONE: _____

EMERGENCY #: _____ RELATION: _____

EMERGENCY #: _____ NEIGHBOR: _____

MOTHER'S NAME: _____ CHURCH MEMBER? _____

MOTHER'S EMPLOYMENT: _____ HOURS: _____

FATHER'S NAME: _____ CHURCH MEMBER? _____

FATHER'S EMPLOYMENT: _____ HOURS: _____

MEDICAL INSURANCE POLICY AND NUMBER: _____

Please List any Allergies or Special Needs: _____

I am willing to help with VACATION BIBLE SCHOOL: _____
(Name & Phone #)