



ELK PLAIN COMMUNITY CHURCH V.B.S. 2011

June 27th to July 1st
9:00am to Noon

REGISTRATION FORM (One per child)

Name: _____ Age: _____ Sex: Male / Female _____

Date of birth: _____ Grade Entering: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (_____) _____ Cell phone: (_____) _____

E-mail address: _____

Mother: _____

Father: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies (bee stings, food, etc.) or other medical conditions: _____

Home church: _____

I give permission to Elk Plain Community Church to photograph my child during VBS and allow them to use those photos in publications for church use.

Signature of parent or guardian _____ Date _____