

Vacation Bible School: Everest
Conquering Challenges with God's Mighty Power
July 6 – 10, 2015 9:00 am – 11:30 am



Personal Information

Child's Name: _____ Child's Gender: Male Female

Child's age: _____ Grade completed in June 2015: Kindergarten 1st 2nd 3rd 4th 5th

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____

Parent/Caregiver Cell Phone: (_____) _____ - _____

Email Address: _____ @ _____

Home Church: _____

****My child will be here Monday July 6th: YES NO**

Medical Information

Allergies: _____

Medication (if it needs to be administered during VBS): _____

Other Medical Conditions: _____

Other information that would be helpful to make sure your child has a successful week:

Emergency Contact Information

Name: _____

Relationship to child:

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

The following people **CANNOT** pick up my child:

