REGISTRATION FORM

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Address			
(street address, city, st	ate, and zip code)		
Mailing Address (if a	different)		
Phone Numbers			
Home	Work	Cell	
Email			
Age Information			
Birth date	Last grade completed in school		
Medical Information	n prmation we need to know. (Please includ	le any food allergies)	
	initiation we need to know. (I lease includ	ie any lood allergies.	
	t s (other than listed above) nbers		
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Names & Phone num Dismissal Informatio Who may pick up yo Other Information Does your child atte If your child is visiting	on ur child at the end of each VBS day? nd Sunday School? If so where?	□ No	
Names & Phone num Dismissal Informatio Who may pick up yo Other Information Does your child atte If your child is visitin	on on ur child at the end of each VBS day? nd Sunday School? If so where? g our church, who is he a guest of?	No	

ADULT REGISTRATION FORM

Name

Address (street address, city, state, and zip code)

Mailing Address (if different)

Phone Numbers

Home	Work	Cell
Email		

Other Information

Do you attend Sunday School? If so where?

If you are visiting our church, who are you a guest of?

May we have permission to photograph you? Yes No

May we have permission to use your photograph for the purpose of promotion? \Box Yes \Box No