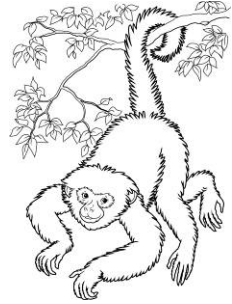


RAINFOREST ADVENTURE



Vacation Bible School Registration

Child's Name: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Home email address: _____

Child's Age: _____ **Grade in the Fall:** _____

Days attending VBS (please circle): ALL Sun Mon Tues Wed Thurs

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Phone #: _____

Relationship to Child: _____

Please list any health concerns or allergies (including food allergies) the VBS staff should be

aware of: _____
