

Register me for 2008 Chapel of the Cross Friendship Trek Vacation Bible School

One form per child, please.

Child's name _____

Grade Completed _____

Birthday _____ Age _____

Parents' names _____

Home address _____

Home phone _____

Alternate phone _____

Emergency contact person _____

Relationship to student _____

Home phone _____

Alternate phone _____

Food allergies Y N List: _____

Medical concerns Y N List: _____

Family doctor _____ Doctor's phone _____

Siblings attending VBS (names and ages) _____

Church affiliation _____ Church membership at _____

People who may pick up the child Transportation needed? Y N

Attendance 1 2 3 4 5

VBS leaders have permission to photograph/film the minor (s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature _____