



# REGISTRATION

(PLEASE COMPLETE ONE PER CHILD)

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

## Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## Age Information

Birthdate \_\_\_\_\_ Grade next year \_\_\_\_\_

## Medical Information

Medical or other information we need to know. (Please include any food allergies.)

## Emergency Contacts (Other than listed above.)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## Dismissal Information

Who may pick up your child at the end of each VBS day?

## Other Information

Does your child attend church? If so, where?

If your child is visiting our church, who is he a guest of?

**PERMISSION:** I am the parent or guardian of \_\_\_\_\_ and I hereby give consent for my child to attend and participate in all activities associated with Colossal Coaster Vacation Bible School at Immanuel Bible Church, Bellingham, Washington June 24-28, 2013, from 9:30 a.m. to noon.

Parent/guardian name (printed) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_