

The Incredible Race

REGISTRATION FORM

August 5-9, 2019

Child's Name _____

Parent/Guardian's Name _____

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

Mailing Address (if different) _____

Phone Numbers (For Parent/Guardian as Main Contact in case of Emergency)

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Age: _____ Birth Date _____ Last grade completed in school _____

Medical Information

Insurance Carrier _____ Member ID _____

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

Secondary Emergency Contacts (Main Contact is Parent/Guardian listed above)

Name _____ Phone # _____

Name _____ Phone # _____

Dismissal Information

Who may pick up your child at the end of each Vacation Bible School day? (If different from Contacts above)

Other Information

Church Affiliation _____

May we have permission to photograph your child? Yes No

(We will have a Photo Wall on Friday, with pictures you can take home!)

Does your child have an age appropriate Bible? Yes No