



TAYLORTOWN COMMUNITY CHURCH
VACATION BIBLE SCHOOL REGISTRATION
JULY 21ST – 24TH
6 PM – 8 PM

CHILD'S NAME _____

AGE: _____

GRADE ENTERING FOR 2015/2016 SCHOOL YEAR: _____

BROTHER/SISTER ATTENDING VBS? YES ___ NO ___

NAME IF ANY _____

PARENT NAME: _____ CONTACT INFO: _____

WHO WILL BE PICKING UP YOUR CHILD: _____

RELATIONSHIP: _____ CONTACT INFO: _____

ADDITIONAL PEOPLE APPROVED TO PICK YOUR CHILD IF ANY: _____

EMERGENCY CONTACT NAME: _____

CONTACT NUMBER: _____

ALLERGIES:

PLEASE SIGN: MY CHILD _____ HAS MY PERMISSION TO PARTICIPATE IN
VACATION BIBLE SCHOOL AT TAYLORTOWN COMMUNITY CHURCH. ONLY AUTHORIZED PEOPLE
LISTED ON THIS REGISTRATION FORM ARE ABLE TO PICK UP MY CHILD, UNLESS OTHER
ARRANGEMENTS HAVE BEEN MADE WITH THE VBS DIRECTOR (KIMBERLY TACKETT HIGH).

PARENT SIGNATURE: _____

DATE: _____

WOULD YOU LIKE A T-SHIRT (COST IS \$10.00)? YES ___ (SIZE ___) NO ___

THANK YOU FOR PARTICIPATING IN OUR 2015 JOURNEY OFF THE MAP VBS! ☺

HAVE A BLESSED SUMMER ☺  IT'S SUMMER!