



WACKY WEDNESDAY REGISTRATION FORM 2010

Childs Name: _____

Name of Parent or Guardian: _____

Address: _____ City _____ State ____ Zip _____

Phone: _____ Cell: _____

Email : _____

Age: _____ Birthday: _____

Last Grade completed in school: _____

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

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Information: Who may pickup your child at the end of each VBS day?

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Other Information: Are you a member of or attend another church? ____Yes ____No