

Mount Joy Mennonite Church
VBS Registration Form – July 18 - 22, 2010

Use this form to register up to 3 children from the same family.

Family Last Name(s) _____

Parent's First Name(s) _____

Address _____

Home Phone # _____ **Cell Phone #** _____

Attend church? Y N If yes, church name _____

Emergency Contact

Name _____

Emergency Contact Phone # _____

Other than parents, persons who may pick up my child(ren):

1) Child's Name _____

Grade completed _____ **Birthdate** _____

Allergies/Medical or Other Concerns _____

2) Child's Name _____

Grade completed _____ **Birthdate** _____

Allergies/Medical or Other Concerns _____

3) Child's Name _____

Grade completed _____ **Birthdate** _____

Allergies/Medical or Other Concerns _____

I agree to allow my child(ren) to participate in the 2010 children's VBS program at Mount Joy Mennonite Church and to be photographed for the closing program slide show. I will not hold the church or the staff responsible for accidents or injuries.

PARENT'S SIGNATURE

DATE