REGISTRATION FORM

MAKER FUN FACTORY- Vacation Bible School- 2017

August 3- August 5th

Name:_____

I Prefer to be called:_____

Age: _____ Grade Completed: _____

Emergency Contact

Name:_____ Relationship to Student: _____

Address:_____

City:_____ State:_____ Zip:_____

Phone: (_____)_____ Work Phone: (_____) _____ Cell Phone: (_____)_____

Alternate Contact: _____ Phone: (_____)_____

Special Needs/Allergies: _____

Dietary Restrictions (if any): _____

I give permission for my child,_____ to participate in all activities during the Vacation Bible School including field trips.

_____ _____

Parent or guardian signature **Date**

Sign the permission slip and return to church by July 24, 2017

Rock of Salvation Church
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