

REGISTRATION FORM

ROAR- VBS- 2019

June 24- June 29

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): _____

T-Shirt Size: _____

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 June 3, 2019



Rock of Salvation Church

159 Dixon Rd., Milpitas, CA-95035

Phone: (408) 834-8910

Email : vbsinfo@rockosc.org

www.rockosc.org