

REGISTRATION FORM
BREAKER ROCK BEACH- VBS- 2024
July 31st- August 3rd (9.00 am- 3.00 Pm)

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 July 19, 2024



Rock of Salvation Church

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