

# REGISTRATION FORM - GUEST CHILDREN

There is NO CHARGE FOR GUESTS of Grace Chapel attendees (a guest is a child who does not attend Grace Chapel.) VBS is open to children who have completed Kindergarten through Grade 5 as of June 2008.

## PARENT Information (to be filled out by parent of guest child/children):

PARENT/GUARDIAN NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMERGENCY CONTACT PHONE: (if different from above) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

This child is a guest of: \_\_\_\_\_

Who will be bringing your child to Grace Chapel? \_\_\_\_\_

## GUEST CHILD Information:

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: (completed in 06.08) \_\_\_\_\_ M or F (circle one)

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

NAME ONE SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: (completed in 06.08) \_\_\_\_\_ M or F (circle one)

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

NAME ONE SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: (completed in 06.08) \_\_\_\_\_ M or F (circle one)

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

NAME ONE SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: \_\_\_\_\_

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