

# Vacation Bible School

## Enrollment Form



July 26-30

9:00 am to noon

Name of child: \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

\*\*\*Please circle the days your child will be in attendance: Mon. Tue. Wed. Thur .....Fri.

\*\*\*If child listed above is high school age, please list which age level he/she would like to help with\*\*\*

Preschool-grade2      Grade 3-5      Grades 6-8

Parent's Name \_\_\_\_\_ Contact number \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact Number \_\_\_\_\_

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Preschool-grade1      Grade 2-4      Grades 5-8

Parent's Name \_\_\_\_\_ Contact number \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact Number \_\_\_\_\_