

Bethel URC *Summer 2010 VBS* Pre-Registration Form

Parent/Guardian: _____

Address: _____ Email: _____

_____ Church home: _____

Phone # _____ (Home / Work / Cell / Other) Please circle

Please do NOT use my contact information for further Bethel URC events.

Emergency contact: _____

Phone # _____ (Home / Work / Cell / Other) Please circle

Relationship to child: _____

Will someone other than you or your spouse be **picking up your child(ren)**? If yes, please provide their name and contact information. _____

Phone # _____ (Home / Work / Cell / Other) Please circle

Relationship to child: _____

Child(ren)'s Info

Name: _____ Age: _____

Known allergies, medications, and/or special concerns:

Name: _____ Age: _____

Known allergies, medications, and/or special concerns:

Name: _____ Age: _____

Known allergies, medications, and/or special concerns:

(For all additional children, please continue on the back.)

Please mail completed form to:

Bethel URC, c/o Jodi Vreugdenhil, 2025 Baldwin St, Jenison, MI 49428

You may also copy & paste this form and send via email to bethelvbs@hotmail.com