

PASSPORT TO PERU VBS REGISTRATION FORM

AUGUST 21st -25th, 2017

NAME OF CHILD: _____

AGE: _____ **SEX:** _____ **DATE OF BIRTH:** _____

LAST GRADE SCHOOL COMPLETED AS OF JUNE, 2017: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

ADDRESS (INCLUDE POSTAL CODE):

PHONE #: (Home): _____ **(Work):** _____ **(Cell):** _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD(REN): _____

ADDRESS: _____

PHONE #: (Home): _____ **(Work):** _____ **(Cell):** _____

OTHER INFORMATION ABOUT CHILD(REN):

ALLERGIES OR OTHER MEDICAL CONDITIONS:

DIETARY RESTRICTIONS (VEGETARIAN, ETC.)

HOME CHURCH: _____

Please return this completed form to the church office or Laurence Stephenson, the VBS Director.