

Park Community Church

3901 Wild Chaparral Dr, Shingle Springs, CA 95682; Ph: (530) 677-8281

Vacation Bible School
Registration Form



Vacation Bible School
Registration Form

Last Name

First Name

Age

Allergies

(Include food, seasonal and/or drugs)

Street Address: _____

City: _____ Zip: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Guardian: _____ Phone: _____

In case of EMERGENCY, contact: _____

Relationship: _____ Phone: _____

Names of individuals who may pick up your children: _____

Signed: _____

Printed Name: _____

(It is advised to check with your physician before allowing any type of physical exercise)

**PLEASE READ, SIGN, AND RETURN THE MEDICAL RELEASE FORM
WITH THIS REGISTRATION FORM.**