

**Pepperell Christian Fellowship  
Vacation Bible School Registration Form  
July 24 – 28, 2017**

Parent/Guardian name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Church: \_\_\_\_\_

**Emergency Contact with Phone Number(s):** \_\_\_\_\_

\_\_\_\_\_  
**(Your emergency contact person must have a medical release form for your child, and the person must be able to make decisions concerning your child in your absence.)**

<b>Children's names</b>	<b>Age</b>	<b>Completed Grade</b>	<b>Special Concerns</b>	<b>Allergies</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(use back of sheet if more space is needed)

The above child/children will be picked at 12:00 noon each day by:

(UNLESS...I send him/her to VBS that day with a note specifying other arrangements).

I give my child/children permission to attend Pepperell Christian Fellowship's Vacation Bible School from July 24-28, 2017. I also understand and agree that I take full responsibility and liability in the event of any accidents, emergencies, etc. that may occur on the grounds of Pepperell Christian Fellowship.

*Photographs taken by our staff are NOT posted on social media.*

**Please provide a plain, white t-shirt by Tuesday per child to be used for a craft.**

\_\_\_\_\_ **I am interested in staying for the Ladies' class.**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**