

# Vacation Bible School Registration Form

July 11-15, 5:45-8:15pm

New Castle Presbyterian Church  
\$5.00 per child / \$10.00 per family

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

Date of Birth: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Home church: \_\_\_\_\_

Name of friend your child might like to be with: \_\_\_\_\_