

Registration Form

(one per child)

	Child's name:				
1	Child's Age:	Date of birth:	Last school grade con	st school grade completed:	
	Name of parent(s):				
:	Street address:				
	City:		State:	ZIP:	
	Home telephone: ()			
	Parent/caregiver's cel	ll phone ()			
	Home email address: Home Church: Crew number or name (for church use only): Allergies or other medical condition:				
	In case of eme	ergency, contact:			
	Phone:			_	
	Relationship t	o child:		_	
church. I media. I a	understand that the imag	es may be used in print publicatio	se my or my child's photograph publions, online publications, presentation shall become payable to me by reasons.	s, websites and social	
NAME (p	rint)				
SIGNATU	RE				

Our VBS is FREE, but we will be taking donations to help For Our King: Refugee and Immigrant Children Caught in the Middle. For our children, going camping and sleeping in a tent is fun, but to some a tent is all they have. We can show God's love by helping others in times of need.

PLEASE PRINT THIS FORM, FILL IT OUT and either scan and e-mail to kidsfirst@wvcn.org or mail to WVCN Warwick Valley Church of the Nazarene – 601 State Route 94 N, Warwick, NY 10990