

VBS Registration Form Cedardale Church

Last name: _____ First name: _____ Boy Girl

Age: _____ Date of birth: _____ YY M D Going into grade: _____

Address: _____

Home telephone: (_____) _____ Cell # (____) _____

Name of person authorized to pick up child from VBS/In case of emergency, contact:

Allergies or other medical conditions: _____

Please note that still and video pictures of your child(ren) will be taken this week for use only in the local church.

August 15, 2011

Parent/Guardian Signature

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