

ROCKY RIVER PRESBYTERIAN CHURCH VBS 2017



Please list each child attending:

	Name	Age	Gender
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Street address: _____


City: _____ State: _____ Zip: _____

Home telephone: _____ Cell phone: _____

Email address: _____

Will parents be helping in any other areas of VBS? _____

Where? _____



In case of emergency, contact: _____
(Name and phone number)

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

Crew # (for church use only): _____