

Clover Presbyterian Church Vacation Bible School Registration Form June 12 & 13

Child's Name _____

Age ____ Date of Birth _____ Last School Grade Completed _____

Name of parent(s) _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Email Address _____

Home Church _____

Allergies or other medical conditions _____

In case of emergency, contact _____

Phone _____

Relationship to Child _____

