

Please register ASAP so we can order a workbook for your child!

### Camp Moose On The Loose!

## Vacation Bible School Registration Form 2018 (One per Family)



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male Female Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_  
Food Allergies Y\_\_\_ N\_\_\_ List: \_\_\_\_\_  
Medical Concerns Y\_\_\_ N\_\_\_ List: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male Female Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_  
Food Allergies Y\_\_\_ N\_\_\_ List: \_\_\_\_\_  
Medical Concerns Y\_\_\_ N\_\_\_ List: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male Female Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_  
Food Allergies Y\_\_\_ N\_\_\_ List: \_\_\_\_\_  
Medical Concerns Y\_\_\_ N\_\_\_ List: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male Female Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_  
Food Allergies Y\_\_\_ N\_\_\_ List: \_\_\_\_\_  
Medical Concerns Y\_\_\_ N\_\_\_ List: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male Female Birthdate: \_\_\_/\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_  
Medical Concerns Y\_\_\_ N\_\_\_ List: \_\_\_\_\_



Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parents/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Home Church \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature Date: \_\_\_\_\_

