



REGISTRATION FORM

Milwaukie Christian Church ~ Vacation Bible School

July 9th-13th ~ Dinner at 5:30pm

Program from 6pm-8pm

AGES: Kindergarten (and 5years old) through completed 5th grade

CHILD'S NAME	GRADE (FALL 18)	BIRTHDATE	ALLERGIES/MEDICAL CONDITIONS

PARENT(S) NAMES(S): _____

BEST PHONE NUMBER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

EMERGENCY CONTACT (Name and Phone):

PERSONS AUTHORIZED TO PICK UP YOUR CHILD(REN): _____

A free light meal will be served at 5:30pm each night of VBES- Parents are invited to join us during this time

WILL YOU BE ATTENDING DINNER? YES NO HOW MANY CAN WE PLAN FOR? _____

PERMISSION: I give permission for my child(ren) to participate in the Vacation Bible School at Milwaukie Christian Church during July 9th-13th

Parent/Guardian Signature _____ Date _____

Milwaukie Christian Church has my permission to use photographs of my child for informational or future promotional purposes. YES NO

???'s Please contact Brian Stoll at
503.654.6597 or Brian@gomcc.org

Please return completed form to
Milwaukie Christian Church
5197 SE King Rd
Mail address: PO BOX 22496
Milwaukie OR 97269