



**VACATION BIBLE SCHOOL
FAMILY REGISTRATION FORM**

KICK OFF FAMILY EVENT Sun., June 23, @ 6 p.m.
Mon., June 24 - Thr., June 27, 2019 @ 6:30 - 8:30 p.m.

LincolnChristianChurch.org

204 N McLean St., Lincoln, IL 62656

(217) 732-7618

Kids must **HAVE BEEN**

4 years old by Sept. 1, 2018 (entering Kindergarten)
thru kids who completed 4th grade **May 2019.**

Parent/Guardian First & Last Name(s) _____ & _____

Address _____ City _____ ST ___ Zip _____

Phone (____) ____ - ____ Cell (____) ____ - ____ E-mail _____

Church you attend _____

Additional Emergency Contact Name/Number _____ (____) ____ - ____

1st Child's Name _____ M ___ or F ___
(First and Last Name above) (Gender)
Date of Birth ___ / ___ / ___ Grade **Completed** _____ Age _____
(Must have been 4 years old by Sept. 1, 2018 i.e. Entering Kindergarten Fall 2019)
Food Allergies / Special Medical Conditions _____

For Office Use Only
Assigned Class

Assigned #

2nd Child's Name _____ M ___ or F ___
(First and Last Name above) (Gender)
Date of Birth ___ / ___ / ___ Grade **Completed** _____ Age _____
(Must have been 4 years old by Sept. 1, 2018 i.e. Entering Kindergarten Fall 2019)
Food Allergies / Special Medical Conditions _____

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Assigned #

3rd Child's Name _____ M ___ or F ___
(First and Last Name above) (Gender)
Date of Birth ___ / ___ / ___ Grade **Completed** _____ Age _____
(Must have been 4 years old by Sept. 1, 2018 i.e. Entering Kindergarten Fall 2019)
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4th Child's Name _____ M ___ or F ___
(First and Last Name above) (Gender)
Date of Birth ___ / ___ / ___ Grade **Completed** _____ Age _____
(Must have been 4 years old by Sept. 1, 2018 i.e. Entering Kindergarten Fall 2019)
Food Allergies / Special Medical Conditions _____

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Assigned #
