



NEW THIS YEAR!

**VACATION BIBLE SCHOOL
FAMILY REGISTRATION FORM**
KICK OFF FAMILY EVENT Sun., June 10, 3-5 p.m.
 June 18 - June 21, 2018 6:30 - 8:30 p.m.
 Lincoln Christian Church
 204 N McLean St., Phone 732-7618
www.lincolnchristianchurch.org
 Kids must **HAVE BEEN**
4 yrs old by Sept 1, 2017 (entering Kindergarten)
 thru kids who completed 4th grade May 2018.

Parent/Guardian(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ E-mail _____

Church you attend _____

Additional Emergency Contact Name and Number _____

1st Child's Name _____ M _____ F _____
 (First and Last Name above)
 Date of birth ____/____/____ Grade **Completed** _____ Age _____
 (Must have been 4 years old by Sept 1, 2017..I.e. Entering Kindergarten Fall 2018)
 Food Allergies / Special Medical Conditions _____

For Office Use Only
 Assigned Class

 Assigned #

2nd Child's Name _____ M _____ F _____
 (First and Last Name above)
 Date of birth ____/____/____ Grade **Completed** _____ Age _____
 (Must have been 4 years old by Sept 1, 2017 ..I.e. Entering Kindergarten Fall 2018)
 Food Allergies / Special Medical Conditions _____

For Office Use Only
 Assigned Class

 Assigned #

3rd Child's Name _____ M _____ F _____
 (First and Last Name above)
 Date of birth ____/____/____ Grade **Completed** _____ Age _____
 (Must have been 4 years old by Sept 1, 2017..I.e. Entering Kindergarten Fall 2018)
 Food Allergies / Special Medical Conditions _____

For Office Use Only
 Assigned Class

 Assigned #

4th Child's Name _____ M _____ F _____
 (First and Last Name above)
 Date of birth ____/____/____) Grade **Completed** _____ Age _____
 (Must have been 4 years old by Sept 1, 2017 ..I.e. Entering Kindergarten Fall 2018)
 Food Allergies / Special Medical Conditions _____

For Office Use Only
 Assigned Class

 Assigned #
