

**Vacation Bible School at  
Wellspring Anglican Church**

**July 16<sup>th</sup> to 20<sup>th</sup>  
8:45 a.m. to 12:15 p.m.**



Child's name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Alternate telephone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade entering Fall 2018: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Crew number (for church use only): \_\_\_\_\_