



Registration Form

August 16-20, 2010

9 am to 1 pm

Lunch Provided!

Held at Northside United Methodist Church with
Cape Cod Covenant Church

508-385-8622 or 508-385-2223

(One Form Per Child- \$20 for week of VBS!)

Child's Name: _____

Child's Age: _____ Date of Birth: _____

Grade Entering Fall 2010: _____

Name of Parent (s)/Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Parent/Caregiver's Cell Phone: _____

In Case of Emergency, contact: _____

Relationship to Child: _____

Allergies or other medical conditions: _____

Home Church: _____

Permission to photograph child during VBS week: YES NO