

Bible School Registration Form

(One form per child)
Non-Refundable Fee: \$30.00

Child's name: _____

Age: _____ Date of birth: _____ Last school grade completed: _____

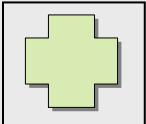
Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/Caregiver's cell phone: _____



Allergies or other medical conditions:

In case of emergency, contact:

Phone: _____

Relationship to child: _____