



**SCHLESWIG UCC
VACATION BIBLE
SCHOOL
JULY 15TH - JULY 18TH
5:00 - 7:30 PM
LIGHT MEAL SERVED
NIGHTLY
PRESCHOOL - 6TH GRADE**



REGISTRATION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____ AGE _____

NAME(S) OF PARENT(S): _____

STREET ADDRESS: _____ CITY _____

HOME/CELL PHONE NUMBER: _____ / _____ EMAIL: _____

BEST WAY TO CONTACT YOU: HOME CELL EMAIL FACEBOOK

EMERGENCY CONTACT NAME _____ NUMBER _____

RELATIONSHIP TO CHILD _____ ALTERNATE CONTACT _____

DOES THIS CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?

YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU GIVE PERMISSION FOR YOUR CHILD TO HAVE THEIR PICTURE TAKEN,
PRINTED, PLACED ON SOCIAL MEDIA AND/OR ON OUR CHURCH WEBSITE?

YES NO

PLEASE RETURN TO: SCHLESWIG UCC, PO BOX 10, SCHLESWIG IA 51461
PLEASE "LIKE" OUR FACEBOOK PAGE @ SCHLESWIG UNITED CHURCH OF CHRIST
CHRISTIAN EDUCATION