



2007 VACATION BIBLE SCHOOL

Milford Assembly of God

REGISTRATION FORM



NAME _____

ADDRESS _____

AGE _____ Date of Birth _____

SCHOOL GRADE JUST COMPLETED _____

PARENT/GUARDIAN NAME _____

HOME PHONE _____ WORK PHONE _____

DOES CHILD ATTEND CHURCH REGULARLY? _____ IF YES, WHERE? _____

DOES CHILD HAVE ANY ALLERGIES? _____ IF YES, PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? _____

NAME _____

PHONE NO. _____ OTHER _____

PARENT/GUARDIAN SIGNATURE _____

Guest of: _____



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