



St. Peter's United Church of Christ

**Vacation Bible School**

Saturday, July 17th

4 PM – 7 PM, Program at 6, Cookout: 6:15

# STUDENT REGISTRATION FORM

**Director Contact:** Pastor Kyle Timmons, (815) 465-6191 or [pastorkyletimmons@live.com](mailto:pastorkyletimmons@live.com)

*(Please Print)*

**Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

## DISMISSAL

Who may pick up your child at the end of VBS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_