Vacation Bible School Family Registration Form
June 16-18, 2010
9:00 – Noon
Completed Grades K through 4

Student Name_____ Last Grade Completed _____ Date of Birth_____

List any specific medical concerns or allergies_____

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Parents/Guardians_____
Last Father Mother

Address_____city_____zip_____

Home phone #_____ Emergency Phone #_____
Does the child(ren) attend MHT religion? (either school or Rel. Ed.) yes no

If able, we are asking for a $5 donation per child to help offset our costs

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