

**WVCS Vacation Bible School**

July 26, 2010 – July 30, 2010

Registration Fees Paid? Y___ N___ Amount _____ check # _____ Date Paid _____
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Student(s) Name(s) \_\_\_\_\_ Parent Name(s) \_\_\_\_\_

Cell Phone number (\_\_\_\_) \_\_\_\_\_ Grade to Enter \_\_\_\_ Are you enrolled at WVCS for 2010-2011 school year? Y\_\_\_ N\_\_\_

Email Address(es) please write legibly \_\_\_\_\_

Emergency Contact(s) Name(s) \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Allergies \_\_\_\_\_

The following individuals have permission to pick up my child:

_____	_____	_____
Name	Phone numbers	Relationship to child

_____	_____	_____
Name	Phone numbers	Relationship to child