

North Hills Church Vacation Bible School Registration:

Date: _____

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade entering: _____

Allergies/Medical Information:

Parent/Guardian's Full Name(s): _____

E-mail: _____ Phone : _____

E-mail: _____ Phone : _____

Emergency Contact Name: _____

Relationship to child: _____ Phone: _____

Home Address:

Street City Zip

My child may have his/her photo displayed on the church website
(www.northhillscrc.org). No names will be posted.

Yes _____ No _____

Parent/Guardian Signature: _____

*Please return registration and fee to DYE Janice Krum or the front welcome desk at North Hills.