

# The Church of the Ascension Vacation Bible School Registration

Childrens' Names \_\_\_\_\_

Birth Date(s) \_\_\_\_\_

School(s) attended \_\_\_\_\_

Last Grade(s) completed \_\_\_\_\_

Does your child attend a church school? \_\_\_\_\_ If so, where? \_\_\_\_\_

Known allergies, Special needs or concerns

\_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

e-mail \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Will your child be picked up? \_\_\_\_\_ by whom? \_\_\_\_\_

\*All of our teachers have been certified as having taken the Safe Churches Workshop Series.