

# Woodside Chapel

## Vacation Bible School Registration

Please provide information about the children you are registering.

***All fields are required.***

<b>FIRST CHILD</b>		<b>SECOND CHILD</b>	
First Name		First Name	
Last Name		Last Name	
Date Of Birth		Date Of Birth	
Grade Entering		Grade Entering	
<b>THIRD CHILD</b>		<b>FOURTH CHILD</b>	
First Name		First Name	
Last Name		Last Name	
Date Of Birth		Date Of Birth	
Grade Entering		Grade Entering	

Please list any allergies, medical issues or  
other information you think we should be aware of.

<b>Parent/Guardian Contact Information</b>		<b>Emergency Contact Information</b>	
<b><i>All fields are required.</i></b>		<b><i>If different than Parent/Guardian</i></b>	
Name		Name	
Address		Relationship	
City		Home Phone	
State, Zip		Cell Phone	
Home Phone		Will they pick up the children?	
Cell Phone		YES <input type="checkbox"/>	NO <input type="checkbox"/>
E-mail Address			
Church Attending			