



E.C.A. Vacation Bible School Registration  
 ~~~Camp Moose on the Loose~~~ July 9-13, 2018

Child Name: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Food Allergies: \_\_\_ Yes \_\_\_ No ~~ If yes, list: \_\_\_\_\_

Medical Concerns: \_\_\_ Yes \_\_\_ No ~~ If yes, list: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. phone #: \_\_\_\_\_

Siblings attending this VBS: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Person(s) Who May Pick Up My Child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

VBS leaders have permission to photograph my child designated above for any  
 Lawful purpose associated with this VBS program: \_\_\_ Yes \_\_\_ No

Thank you for giving us the opportunity to teach your child(ren) more about God and  
 Give them the opportunity to have fun at Episcopal Church of the Annunciation!

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_