

The Church of the Ascension Vacation Bible School Registration

Children's 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.