North Street Church
220 W. North Street
Butler, PA 16001
724-282-7700

Campers Name:_____

VBS REGISTRATION

JULY 19 – 22
6 – 8PM

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

CHURCH YOUR FAMILY ATTENDS:

_____

CHILDREN WHO WILL ATTEND:

NAME	MALE/FEMALE	GRADE COMPLETED	AGE
_____	M / F	K 1 2 3 4 5 6	_____
_____	M / F	K 1 2 3 4 5 6	_____
_____	M / F	K 1 2 3 4 5 6	_____
_____	M / F	K 1 2 3 4 5 6	_____

ALLERGIES and/or HEALTH CONDITIONS: Please specify condition for each child.

_____

_____

EMERGENCY CONTACT:

_____

NAME RELATIONSHIP TO CHILD PHONE

_____

NAME RELATIONSHIP TO CHILD PHONE

INSURANCE INFORMATION:

_____

HEALTH INSURANCE COMPANY GROUP OR POLICY NUMBER

PERMISSION & MEDICAL RELEASE: I give permission for my child(ren) to attend the free VBS sponsored by North Street Church. In the event of an emergency, I allow my child to be treated by a qualified physician.

_____

SIGNATURE RELATIONSHIP TO CHILD DATE