

**Registration
Form**
(one per family)

faith

CLIMBING for CHRIST
Mont Vernon Congregational Church
Vacation Bible School
2018



Name: _____ Age: _____ Allergies: _____

Name: _____ Age: _____ Allergies: _____

Name: _____ Age: _____ Allergies: _____

Name: _____ Age: _____ Allergies: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: (_____) _____ Cell Telephone: (_____) _____

E-Mail Address: _____

Parents/Guardian Name: _____

Emergency Contact Information:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

____ I authorize you to photograph my child during church activities. Pictures may be used for MVCC bulletin boards, website, newsletter, brochures. Children will NOT be identified by name unless specific authorization is given.

Parent/Guardian Signature _____ Date _____

**Please mail completed form to:
Mont Vernon Congregational Church - 4 South Main Street - Mont Vernon, NH 03057**