

# Vacation Bible School 2017 Registration

Faith Evangelical Presbyterian  
Church  
5725 Castlewellan Drive  
Kingstowne, VA 22315  
703-971-3800  
www.faithepchurch.org



## Child's Information

*(Please enter up to 4 children in the same household & complete the attached authorization forms)*

1. Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade (Fall 2014) \_\_\_\_\_

Allergies \_\_\_\_\_

2. Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade (Fall 2014) \_\_\_\_\_

Allergies \_\_\_\_\_

3. Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade (Fall 2014) \_\_\_\_\_

Allergies \_\_\_\_\_

4. Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade (Fall 2014) \_\_\_\_\_

Allergies \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

Church \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_