



VACATION BIBLE SCHOOL

Registration Form
July 7-11, 2008

9 am till Noon - Age 2 - Grade 6

Student Name _____

Birth date _____ Age _____

School Grade *(JUST COMPLETED)* _____

Allergies or other medical information:

Parent's Name _____

Address _____

Home Phone # _____

Work Phone or Cell# _____

Emergency Contact & Phone #'s *(Other than above)*

Brothers or Sisters (Names & Ages)

Christ Episcopal Church & Grace Lutheran Church

26 West Boscawen Street Winchester, VA 22601

662-6678