

Registration Form

(One Per Child)

Emmanuel Episcopal Church Vacation Bible School

9-12:00 p.m.

June 17-21, 2024

\$10 per Student \$20 per Family

••••	•	Please Print)	
Child's name:		Child's gender:	
Child's age:	_ Date of birth:	Last school grade completed_	
Name of parent(s	s):		
Street Address:_			
City:		_ State:	ZIP:
Home Phone	Work Phone	e	Mobile
Email		Preferred Contact Method_	
EMERGENCY INF	ORMATION		•••••
Emergency Contact 1		Phone	
Emergency Contact 2			Phone
Doctor			Phone
Allergies or Spec	cial Needs		
DISMISSAL		••••••	
Name		Relationship	
Name		Rel	ationship
Name		Rel	ationship
Parent/Guardian	Signature		Date

Return completed Form to: Emmanuel Episcopal Church, 1603 E. Winter Park Rd., Orlando, FL 32803

Space is Limited