



2009

Grace Fellowship  
Crocodile Dock



Vacation Bible School Registration

*(children 3 years old through entering 4<sup>th</sup> Grade)*

Child One: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies? Y N

Child Two: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies? Y N

Child Three: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies? Y N

Child Four: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies? Y N

Parents: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have a home church? \_\_\_\_\_

In case of an emergency and parents cannot be reached, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor/Hospital: \_\_\_\_\_

**\*\*\*\*\*Please return your registration by Friday, July 24\*\*\*\*\***

- Mail or take to Grace Fellowship ~ P.O. Box 13, El Paso, IL 61738
- or
- Mail or take to Kim Duncan ~ 440 N. Chestnut, El Paso, IL 61738