



# REGISTRATION FORM

(One Per Child)

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

**VBS 2010**

*a joint venture between:*

**Emmanuel Episcopal Church and  
All Saints Episcopal Church**

**Held at: All Saints Episcopal Church  
4360 Woodland Avenue  
Western Springs, IL 60558**

**(708) 246-0030 or register online at [www.allsaintsws.org](http://www.allsaintsws.org)**

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I agree that any photographs taken of my child at VBS become the property of Emmanuel and All Saints' Churches and may be used in future publications. \_\_\_\_\_ (please initial)