



# REGISTRATION FORM

June 14 - 18, 2010 (One Per Child)

9 am - Noon

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

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_  
Preschool Ages 4 - 5  
Elementary Grades Kdg - 5<sup>th</sup>

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: \_\_\_\_\_

Please return registration form(s) and payment of \$25.00 per child to:  
St. Mark VBS, 3141 W. 96<sup>th</sup> Avenue, Westminster, CO 80031