

REGISTRATION FORM VBS JUNE 18 - 22 6:15 - 8:30 p.m. FIRST PRESBYTERIAN CHURCH WINTER HAVEN

(one form per child)

Child's name:			Male	Female
Child's age: _	Last school grade complet	red:		
Name of pare	nt (s):		undersiden system op considerated the stage of administration of the stage of the s	
Street addre	35:			
City:	State:	ZIP:	Real and the State of the State	
Phone:		Cell	Hor	ne
Home e-mail:			to desire the process of the second s	
If First Prest	oyterian is not your home church,		you hed	ar about
Allergies or other medical conditions (on back if needed):				
	In case of emergency, contact: cell			
	cell			
(church use on Crew number	ly) r or name:			