

**PLYMOUTH CHURCH OF SHAKER HEIGHTS
VBS 2011 REGISTRATION**

Date _____

Child's Name _____ Child's Nickname _____

Grade _____ Phone _____ e-mail _____

Address _____

City _____ State _____ Zip Code _____

Date of birth MM _____ / DD _____ / YY _____

Parent(s)/guardian name(s): Mother _____

Father _____

Address and phone if different from child:

Mother / Phone: _____

Father / Phone: _____

Emergency contact if parents unavailable (include name, phone and relationship):

Any conditions (allergies, medical or special) of which we should be aware? _____.

Who can pick up your child after class? _____

I give Plymouth Church VBS Staff permission to transport my child _____ to _____ in case of an emergency. Parent Signature _____

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