



Living Water Fellowship

Vacation Bible School
July 2-5 2019

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: _____ Postal Code: _____

Parent/caregiver's phone number: _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____