

VACATION BIBLE SCHOOL REGISTRATION
MAURICE FIRST REFORMED CHURCH JUNE 4 - 8, 2012
Monday through Friday - 8:45 AM - 11:45 AM

Parents Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Telephone: _____ Cell Phone: _____
 Email: _____
 Emergency Contact/phone: _____
 Home Church: _____

Registrations encouraged
 to be returned by May 12
 Please send to:
 Maurice Reformed
 Church
 P.O. Box 148
 Maurice, IA 51036

Children entering kindergarten - 6th grade (this fall) are invited to attend.
 Please specify if entering kindergarten or TK.
 Those entering TK may attend the preschool class if a parent is working at VBS.

Name: _____

Name: _____

Age: _____ Male or Female

Age: _____ Male or Female

Grade (this fall): _____

Grade (this fall): _____

Medical concerns/allergies/food allergies:

Medical concerns/allergies/food allergies:

Other needs or information we
 should know about:

Other needs or information we
 should know about:

Name: _____

Name: _____

Age: _____ Male or Female

Age: _____ Male or Female

Grade (this fall): _____

Grade (this fall): _____

Medical concerns/allergies/food allergies:

Medical concerns/allergies/food allergies:

Other needs or information we
 should know about:

Other needs or information we
 should know about:

I/We give permission for any first aid treatment or calling of emergency personnel to attend to any medical/emergency needs of my child while at Maurice Reformed Church for VBS.

Signed: _____

Suggested registration cost per child \$15.00 to help cover expenses.