



# Vacation Bible School Antioch 49 A.D.



## July 12 - July 16

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who is authorized to pick up your child(ren) at the end of Vacation Bible School each night?

\_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birthday \_\_\_\_\_

Age of Child \_\_\_\_\_

Grade completed \_\_\_\_\_

Allergies or other information we  
need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birthday \_\_\_\_\_

Age of Child \_\_\_\_\_

Grade completed \_\_\_\_\_

Allergies or other information we  
need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birthday \_\_\_\_\_

Age of Child \_\_\_\_\_

Grade completed \_\_\_\_\_

Allergies or other information we  
need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birthday \_\_\_\_\_

Age of Child \_\_\_\_\_

Grade completed \_\_\_\_\_

Allergies or other information we  
need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to the St. Andrew Presbyterian Church office. Thank you!**  
**711 W. Main Street, Purcellville, VA 20132 (540)338-4332**