

THE CONGREGATIONAL CHURCH OF SOMERSVILLE
2011 Vacation Bible School
Registration Form

Please use one form per child.

Child's Information

Child's Name:

Child's Age:

Allergies:

Medications:

Medical Conditions:

Physician Name and Number:

Other:

Parent/Guardian Information

Parent/Guardian Name:

Address:

Home Telephone:

Mobile Phone:

Email Address:

Emergency Contact Information

Emergency Contact Name and Relationship:

Emergency Contact Number:

Please return this form to:

(via US mail) Congregational Church of Somersville, PO Box I, Somersville, CT 06072

(fax) 860-749-5132