

"COUNTRY FARM" VBS

Registration Form

(one per child)



Child's Name _____

Child's age _____ Date of Birth _____ Last grade completed _____

Name of parent(s) _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____

E-mail _____

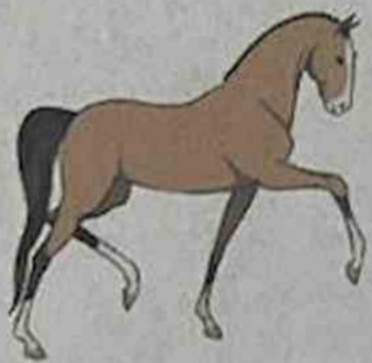
Home Church _____

Allergies or other medical conditions _____

In case of emergency contact _____

Phone () _____

Relationship to child _____



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