

**RED HOOK MINISTERIUM'S
VACATION BIBLE SCHOOL
2010 REGISTRATION FORM
HERO HEADQUARTERS**

Child's Name _____

DOB _____ Age _____ Grade in Sept. _____

Child's Name _____

DOB _____ Age _____ Grade in Sept. _____

Child's Name _____

DOB _____ Age _____ Grade in Sept. _____

Child's Name _____

DOB _____ Age _____ Grade in Sept. _____

Parent(s) or Guardian _____

Home Address _____ Home Phone # _____

Cell phone # _____ Church you attend _____

Is there any health-related information our staff should know about your children?

If you are unavailable, who can we contact in an emergency?

Person to call _____ Phone Number _____

Child(ren)'s doctor's name & phone # _____

I will support the VBS program by:

- _____ Teaching or assisting in a class
- _____ Supervising children during rec time
- _____ Providing refreshments for a snack
- _____ Helping serve refreshments
- _____ Assisting with arts and crafts
- _____ Shopping for VBS supplies
- _____ Cleaning up after a day of VBS