

EASTGATE CHURCH
1707 CR 611 – Dayton, TX 77535

Ages 4 – 12
VBS 2019

CHILD'S INFORMATION: DATE OF BIRTH: _____ AGE: _____

Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Last school grade completed _____ Home church _____

PARENTS' OR GUARDIANS' INFORMATION:

Last Name _____ First Name: _____

Address: _____ City _____ Zip _____

Email: _____ Cell: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACTS: Please list 2 contacts other than yourself.

Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____

Last Name: _____

First Name:

Cell Phone: _____

Work Phone:

ALLERGIES: Please list all food and other allergies:

IF YOUR CHILD NEEDS TO KEEP MEDICATION WITH THEM such as an inhaler, epipen, or other objects, please let us know how we can best serve you and your child.

(REGISTRATION FORM CONTINUED ON REVERSE)

HEALTH INFORMATION: List any other health concerns that we might need to know about:

DISMISSAL INFORMATION: VERY IMPORTANT: Please list all persons to whom your child may be released:

