



Child's Age: _____
Child's Date of Birth ___/___/_____

2010 Registration Form

Child's Name: _____
Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #'s: _____

Circle Last Grade of School Completed in 2010

Pre-K K 1st 2nd 3rd 4th 5th 6th

Medical or Other information we need to know (allergies, food allergies, ADHD, Etc.) _____

Emergency Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Who is going to pick your child up at the end of each VBS day? _____

Do you attend Sunday School? Yes No. If yes, where? _____

Are you a guest of someone? _____

May we have permission to photograph your child? Yes

May we have your permission to use your child's photograph in church publications for the purpose of promotion? Yes

Please complete and return to Northern Hill Community Church
2740 E Union Hills Drive ♦ Phoenix AZ 85050 ♦ 602-482-8140 ♦ 602-482-8146 (FAX)