



REGISTRATION FORM
Vacation Bible School
August 21-25, 2017

Child's Name _____

Nickname _____

Age _____ Date of Birth _____ Grade Level in Fall _____

School attending in 2017-2018 _____

Mother's name _____ Father's name _____

Home address _____ Home phone _____

_____ Email address _____

Church affiliation _____

Emergency contact _____ Emergency phone _____

Who may pick your child up from the church? (Please specify name and relation to child.)

Siblings (names and ages) _____

Use this space to list any allergies or tell us information which may help us get to know your child better.

Name of physician _____ Phone _____

Address _____

In the event of an emergency, what are your instructions for us?

I/we give permission for our child to be taken to the New York Hospital Emergency Room

Call the physician named above.

Call parent(s) Name _____

Phone _____

Other _____

Signature _____ Date _____

Print Name _____ Relationship to Child _____

PLEASE RETURN COMPLETED APPLICATION WITH \$75 FEE PER CHILD TO:

The Church of the Epiphany
1393 York Avenue
New York, NY 10021
212-737-2720