Vacation Bible School Registration Form 8/16/2022 - 8/19/2022

Christ's Church at Lowhill, UCC, 4695 Lowhill Church Road, New Tripoli, PA 18066

| Parent Name: | | | | Emergency Contact: | |
|--|-------|---------------|-------------------------|---------------------|---|
| Address: | | | | Relationship: | |
| City: | | | | Emergency Phone #: | |
| State: | : | Zip Code: | | Special Notes: | |
| Phone #: | ne #: | | | | |
| Below please list your children who will be attending VBS. Provide a detailed description of pertinent dietary needs, allergies and medical information for each child. If additional space is needed, please write information on the back of the form. | | | | | |
| Child's Name | Age | Dietary Needs | Allergies and Reactions | | Medical Conditions |
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| Does your child use and inhaler? Y or N | | | | | |
| Does your child have an E | | | | | |
| | | | | | ohs published on Christ's Church at Lowhill's |
| Facebook page or other local media such as the Morning Call, Northwestern Press, etc. **All information given will remain private & confidential** Parent's Signature: | | | | | |
| | • | | v August 12 | Parent's Signature: | |
| Please return completed registration form to the church by August 12. | | | | | |

Questions: Call Pastor Chris at 484-358-061 or email contact@christschurchatlowhill.org