



**BETHANY CATASAUQUA
CAMP OUT VBS
REGISTRATION FORM**

Child's Name _____
Date of Birth _____ Age _____ Grade Completed _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Name _____

Emergency Contact Number _____

Provide names and contact numbers for anyone authorized to drop off/ pick up your child:

Please check the appropriate box if photographs of your child are permissible:
Yes No

Special Needs or Requests (please include food allergies):

Parent Signature _____ Date _____

Crew Member Assigned to: (church use only) _____