



THIS THOMPSONTOWN BAPTIST CHURCH VBS REGISTRATION FORM
MUST BE COMPLETED FOR EACH CHILD PRIOR TO PARTICIPATION

Name _____

Complete Address _____

Home Phone _____ Cell _____

Parent/Guardian _____

Allergies/Medical Info _____

Family Physician _____

Physician's # _____

Emergency Contact _____

Relationship to child _____

Phone _____

Home Church _____

* Van Ride participant? ____ YES ____ NO

_____/_____/_____
Parent/Guardian Signature Today's Date

*For van transportation call 717-535-5203 and leave a message for
Pastor Kurt.

PLEASE NOTE: Children will ONLY be permitted to leave the
church premises with an adult whose ID matches a name listed above
or with the van driver who has a permission slip!



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