



# HPC Vacation Bible School 2024 Registration

For children age 3 (by VBS start date) – 5<sup>th</sup> grade

**June 17-20, 6:00 – 8:00 pm Program**

Parent/Guardian Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Emergency Contact Information (when parent/guardian cannot be reached)

Name: \_\_\_\_\_ Phone \_\_\_\_\_

|   |   |
|---|---|
| Child's Name: _____<br>Age: _____ Birthdate: _____<br>2023-2024 Grade(Completed): _____<br>Allergies/Health Concerns/Special Needs<br>_____ | Child's Name: _____<br>Age: _____ Birthdate: _____<br>2023-2024 Grade(Completed): _____<br>Allergies/Health Concerns/Special Needs<br>_____ |
| Child's Name: _____<br>Age: _____ Birthdate: _____<br>2023-2024 Grade(Completed): _____<br>Allergies/Health Concerns/Special Needs<br>_____ | Child's Name: _____<br>Age: _____ Birthdate: _____<br>2023-2024 Grade(Completed): _____<br>Allergies/Health Concerns/Special Needs<br>_____ |

Relationship to Child \_\_\_\_\_

Who has permission to pick up your child(ren)? \_\_\_\_\_