

Parents' name: _____

Street address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Parents' name: _____

Emergency contact and number: _____

Attended last year: Y or N

Home church is: _____

I am able to help at VBS: Y or N

I give permission to Saint Peters United Church to photograph my child at VBS.

Signature of parent or Guardian _____

Printed Name _____

Date _____

Register by July 5, 2010

Mail to St. Peter's Church

VBS Program

582 Church St.

Amherst, OH 4001

\$ 5.00 dollars per child donation. Checks made payable to:

St. Peter's United Church of Christ.

Age 4 - 12 years

