

**Church of the Good Samaritans
Vacation Bible School Registration Form**

Child's Name: _____ Grade Level in Sept: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Age _____ Date of Birth: _____

Home Phone #: _____ Cell #: _____

Phone # in case of emergency _____

e/mail: _____

School: _____

Mom's Name: _____ Dad's Name _____

Does the child have any health problems/allergies that we need to be aware of? If so, please complete below:

Parent's Signature: _____

***Please fill out and return to the Church of the Good Samaritans at 964 Holland Rd.,
Holland PA, 18966***