

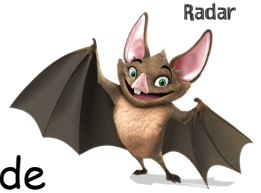


~Kenai Christian Church VBS~ Registration Form

July 11-15

6:00 pm—8:30pm

Ages 2 thru 5th grade



Child #1 ~ Name: _____ Age: _____ Grade last year : _____

Allergies? Yes _____ No _____ Medical—Learning—Family Needs? Yes _____ No _____

Please explain: _____

Child #2 ~ Name: _____ Age: _____ Grade last year : _____

Allergies? Yes _____ No _____ Medical—Learning—Family Needs? Yes _____ No _____

Please explain: _____

Child #3 ~ Name: _____ Age: _____ Grade last year : _____

Allergies? Yes _____ No _____ Medical—Learning—Family Needs? Yes _____ No _____

Please explain: _____

Child #4 ~ Name: _____ Age: _____ Grade last year : _____

Allergies? Yes _____ No _____ Medical—Learning—Family Needs? Yes _____ No _____

Please explain: _____

Parent/Guardian's Name(s): _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

Allergy Information: We provide a snack/meal for each child. If your child has specific nutritional or allergy needs, please make sure to bring a prepared and labeled meal/snack for your child.

Photo Release: Do you release your child's (children's) photo(s) to be used in Kenai Christian Church VBS promotional and event materials? Yes: _____ No: _____



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