

**First Congregational Church
Summer Program Registration Form, 2019**

Student's Name: _____

Completed Grade: _____ Age: _____

Parent's Name: _____

Address: _____

Parent's Telephone Contact During Program: _____ Home: _____

Parent's Email: _____

Known Allergies: _____

Dietary Restrictions: _____

Church Membership: _____

I would like to register for:

_____ Vacation Bible School, pre-school-completed grade 5 July 29 – August 1, 2019
9:00 – 11:30 am

My child does not need transportation: _____

I would like to request transportation:

My child needs transportation to and from church from Kids' Club for VBS: _____

I give permission for a driver from First Congregational Church to transport my child, _____, to and from First Congregational Church for VBS. The driver will pick up and return my child to Kids' Club at River Falls High School. I understand it is my responsibility to notify Kids' Club of this transportation arrangement. I will notify the church office if my child will be absent.

Parent's Signature

Date