

THE CONGREGATIONAL CHURCH OF SOMERSVILLE
2017 Vacation Bible School Registration Form

Please use one form per child

Child's Information

Child's Name _____

Child's Age _____

Allergies _____

Medications _____

Medical Conditions _____

Physician's Name and Number _____

Other _____

Parent/Guardian Information

Parent/Guardian Name _____

Address _____

Home Telephone _____

Mobile Phone _____

Email Address _____

Emergency Contact Information

Emergency Contact Name & Relationship _____

Emergency Contact Number _____

Return to:

Congregational Church of Somersville, 22 Maple St., PO Box I, Somersville, CT 06072
860-749-7741 860-749-5132 (fax) somcong@aol.com (email)