

THE CONGREGATIONAL CHURCH OF SOMERSVILLE

**2018 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

860-749-5132 (fax) somcong@aol.com (email)

Call 860-749-7741 for more information.

