

SADDLE RIDGE RANCH

Vacation Bible School Registration Form

United Christian & Presbyterian Church

Child's Name _____

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ **Cell Phone** _____

Alternate Phone _____ **Email** _____

Birth Date _____ **Last Grade Completed** _____

Church Affiliation _____

Allergies, medical conditions, or other information staff need to be aware of: _____

In the event of an emergency, contact:

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

Who may receive this child at the end of each VBS day?