

Transfiguration's Vacation Bible School Registration



FOR OFFICE USE ONLY

FEEs: Amount Due _____
 Payment 1 _____ Payment 2 _____
 Date Paid _____ Date Paid _____
 Check/Receipt # _____ Check/Receipt # _____

Phone (847) 526-6400

June 17-21, 2019

Time: 9:00 am - NOON

**ACCEPTING
REGISTRATIONS**

**UNTIL 6/10 OR UNTIL
WE REACH CAPACITY**

Today's Date _____

Cost: \$40.00/1 child, \$70.00/2 children, \$80.00/3 children

Family Name _____

Address _____
(Street) (City) (State) (Zip Code + 4)

Home Phone (____) _____ Cell or Car Phone (____) _____

Email Address _____

**CHILDREN'S INFORMATION (PLEASE NOTE: Pre-K children accepted by PERMISSION ONLY!!
Please contact the School of Religion for more information)**

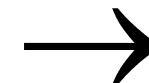
Last Name	First Name	Male/Female	Age	Grade '19-'20 (upcoming year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



In the event of an emergency, if we are unable to reach you, please contact the following:

Name: _____

Relationship: _____



TWO-SIDED FORM

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ROAR!

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Phone Number: (_____) _____

Please list any allergies, (including food allergies), learning disabilities or physical/emotional problems the VBS staff should be aware of:

Person responsible for picking up child(ren) at the end of each VBS day:

Name: _____

Telephone: _____

Signature of Parent/Guardian: _____

