



# Register me for The Egypt File!

Where: FBC Corinth When: August 8-12 6:30-8:30pm Who: completed Kindergarten through 6th grade

Child's name \_\_\_\_\_

Gender:  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Workphone \_\_\_\_\_ Cellphone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies  Yes  No List \_\_\_\_\_

Medical concerns  Yes  No Explain \_\_\_\_\_

For VBS Staff Use Only Paid by  Cash  Check # \_\_\_\_\_ Total Paid \_\_\_\_\_

Volunteer tshirt (\$10) # \_\_\_\_\_  Small  Medium  Large  XLarge  2X  3X CD (\$5) # \_\_\_\_\_

VBS participant tshirt (\$10) # \_\_\_\_\_  YS (6-8)  YM (10-12)  YL (14-16)  Small  Medium  Large

Place this child with \_\_\_\_\_