



CPC Vacation Bible School

July 12th - July 16th
5:00 PM—8:00 PM

Registration Form

Child's Name: _____

Date of Birth: _____

Age: _____ Grade Completed: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

In Case of Emergency Contact: _____

Relationship to Child: _____

Phone: _____

Known Allergies: _____

Restrictions: _____

Who Will Be Picking Up Your Child: _____

Relationship to Child: _____

Parent's Signature: _____

Date: _____

