

Faith Church
11 Maple Street Exeter, NH
Phone/Fax: 772-8803

2010 Summer Kids Konnection at FAITH
August 2-6, 9am - Noon

Instructions: download and print this form. Once completed, either mail it to the address above, drop it off at the church office at any time, or drop it off at the registration table on the first day of VBS. Thanks!

Name of Parent/Guardian: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

Family Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Alternate Emergency Contact: _____ Phone #: _____

Children to be Enrolled:

Name: _____ Age: _____ Grade in School 9/10: _____

1. _____

2. _____

3. _____

4. _____

Food allergies: _____

Medical conditions: _____

Member of a church? Yes _____ No _____ (if yes, name of church: _____)

Is (are) child(ren) baptized? Yes _____ No _____

Do you need transportation? Yes _____ No _____

Can you furnish transportation for other children in your neighborhood? Yes _____ No _____

Permission to post child's photo on a secure portion of the Faith website? Yes _____ No _____

Parent/Guardian Signature _____