



REGISTRATION FORM

(ONE PER CHILD)

Vacation Bible School

Send To: Mt. Washington Church
Attn: Wanda Bowen
710 Copenhaffer Road
York, PA 17404

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____

Parents/caregiver's cell phone: _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Crew number (for church use only): _____