



RICE AREA VACATION BIBLE SCHOOL
REGISTRATION FORM
(ONE PER CHILD)

AUGUST 8-12, 2010 6:30-8:30PM

Child's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Parent's/Caregiver's Cell Phone: _____

Home E-mail Address: _____

Date of Birth: _____ Last School Grade Completed: _____

In case of emergency contact: _____

Mother's Name: _____ Father's Name: _____

Food allergies or other medical conditions: _____

Behavior issues (please describe): _____

Home Church Name: _____

Any other information you'd like to share about your child:

Lab Crew Number (for church use only): _____

Return this form in your church collection basket, church office, or by mail to Immaculate Conception Church, PO Box 189, Rice, MN 56367. The registration form is also available at www.iccrice.org. Please click on the VBS link. Parents can also sign up to volunteer on the website or at their church. Thank you.

Sponsored by Rice Area Churches