

Huff's Union Church
2020 Vacation Bible School
July 27th - 31st, 2020

Knights of North Castle

Parents/Gaurdian Name: _____

Home Address: _____ City: _____ State: _____
Zipcode: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact Name: _____ Em. Phone #: _____

Person(s) responsible for picking up the child(ren) listed below, at the closing of each night at VBS:

Name: _____ Contact Phone Number: _____

I give my permission to have any photos taken of or including my child(ren) listed below during the VBS week, may be put on display bulletin boards, website and/or local newspapers by Huff's Union Sunday School.

Yes _____ No _____ Parent/Guardian Signature: _____

1. Child's Name: _____ Age: ____ Gender: M F

Birthdate: _____ Last Completed Grade: ____

Special Needs: (allegories, medical conditions, etc) _____

2. Child's Name: _____ Age: ____ Gender: M F

Birthdate: _____ Last Completed Grade: ____

Special Needs: (allegories, medical conditions, etc) _____

3. Child's Name: _____ Age: ____ Gender: M F

Birthdate: _____ Last Completed Grade: ____

Special Needs: (allegories, medical conditions, etc) _____

Will your child(ren) be taking part in the closing program? Yes _____ No _____