

**VACATION BIBLE SCHOOL  
REGISTRATION**



**JULY 23-28 10:00AM-12:00PM**

**BERLIN BRETHREN CHURCH, 620 MAIN ST. BERLIN**

**CHILD  
#1:**

NAME:	
Birthdate:	Age:
Grade Completed:	
Medications / Allergies / Medical conditions:	

**CHILD  
#2:**

NAME:	
Birthdate:	Age:
Grade Completed:	
Medications / Allergies / Medical conditions:	

**CHILD  
#3:**

NAME:	
Birthdate:	Age:
Grade Completed:	
Medications / Allergies / Medical conditions:	

Parent Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Other persons permitted to pick-up child:

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