



Vacation Bible School Registration

July 22-24, 2024 6-8pm

Registration also available online at www.swccin.org

Please submit one form for each child that will be attending Vacation Bible School.

(Can turn form into church office, email to julieklepinger@gmail.com or bring to first day of VBS, arriving at 5:45pm to register.)

Child's Name: _____ Date of Birth: _____

Grade for the **2024-25** School Year: _____

Child's Gender: Male Female

Child's Address:

Street

City

State

Zip Code

Parent/Guardian Name(s): _____

Parent/Guardian Best Phone # _____ Parent/Guardian 2nd Best Phone # _____

Medical

Please state any medical conditions, allergies, or other health related information that we should know about your child. If none, please state "none." _____

Other Information (*optional*) Please state any other information about your child that you believe would be helpful to us.

Child's Home Church (*optional*) _____

I hereby give permission for any photograph and/or video that may depict my child's unidentified likeness to be posted on the SWCC website, use in brochure or other media. Yes No

Parent/Guardian Signature _____ Date: _____

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www.swccin.org