



**REGISTRATION FORM (One time registration fee of \$10 per child for the week. Includes a daily meal and activities).**

Child's Name \_\_\_\_\_  
 Child's Age \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Parent/caregiver's cell phone: \_\_\_\_\_  
 email address: \_\_\_\_\_  
 Home church: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_  
 In case of emergency, contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

If you have multiple children or family friends and would like them to be in the same group, please make a note that here: \_\_\_\_\_

How did you hear about VBS at Maranatha Christian Church?

Banner in front of the church	Church Bulletin	Flyer
Facebook	School Friend	Website
Other:		

Office use only: Group: \_\_\_\_\_ Tribe Name: \_\_\_\_\_

Tribe Leader: \_\_\_\_\_ Other Notes: \_\_\_\_\_

Registration Paid: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ **Pushpay.com/pay/MaranathaAZ:** \_\_\_\_\_ Other: \_\_\_\_\_

\*If not registering in person, send a picture of completed form by text to 520 440-4239

\*Si no se registra en persona, envíe una foto del formulario completo por mensaje de texto al 520 440-4239