

Mail registration form to: 949 N Redbarn Ln * Wichita KS 67212

Westside Bible Chapel * 12050 W Central * Wichita KS

Please fill out separate form for each child living at a different address.

#1

NAME OF CHILD: _____ Circle One: M / F

AGE: _____ GRADE THIS FALL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

ALLERGIES: _____

#2

NAME OF CHILD: _____ Circle One: M / F

AGE: _____ GRADE THIS FALL: _____

ALLERGIES: _____

#3

NAME OF CHILD: _____ Circle One: M / F

AGE: _____ GRADE THIS FALL: _____

ALLERGIES: _____

PLEASE PRINT LEGIBLY

NAME OF ADULT/GUARDIAN: _____ RELATIONSHIP: _____

CELL PHONE: _____ HOME PHONE: _____

2ND ADULT/GUARDIAN (if applicable): _____ RELATIONSHIP: _____

CELL PHONE: _____ HOME PHONE: _____

I give permission to Westside Bible Chapel to provide care for my child(ren) while at Vacation Bible School and will not hold them liable for unexpected circumstances or injuries incurred while on the premises. I understand that should any issues arise, I have provided a phone or cell number and that I will be notified immediately. I am aware that I may stay each evening if I am in any way concerned for the safety of my child(ren).

Signature: _____ Date: _____