



# Twists and Turns Vacation Bible School

July 27, 2024

8:00am-2:00pm

Christopher First Baptist Church

209 N Maple St, Christopher, IL.

Child's First Name \*

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Child's Last Name \*

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Child's Date of Birth \* Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What grade did the child recently finish? \*

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Does your child have any allergies? \*

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Are you members of or attend a local church?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what church do you attend?

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Name(s) of the child's parent(s) or guardian(s) \*

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Name(s) of adult(s) allowed to pick up child at dismissal \*

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What is your residential address? Please include City/State \*

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Primary phone number for the parent(s) or guardian(s) \*

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Email address for the parent(s) or guardian(s)

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Emergency contact for your child \*

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Emergency contact phone number \*

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