

SALEM COVENANT CHURCH
SUMMER VACATION BIBLE SCHOOL
REGISTRATION FORM

July 29-August 2
9:00 am - Noon



Child's Name

Name: _____
 First Middle Last

School: _____ Grade: _____ Birthday: _____

Address: _____

 City State Zip

Parent/Guardian's Name: _____ Phone: _____

Email: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Medical Insurance Company _____ Policy # _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies & Important Medical Information

Is your child allergic to anything? If yes, please indicate allergen and reaction.

Does your child(ren) have any medical/physical condition or special needs staff should be aware?
If so, please explain.