



REGISTRATION FORM
August 11 – 15, 2008

Child's Name: _____

Parent / Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Child's age: _____ Last school grade completed: _____

Home congregation (if applicable) _____

ALLERGIES: Please list any allergies (including food allergies):

Emergency Contact Information (if parent / guardian cannot be reached):

Name: _____

Home/Work phone: _____ Cell: _____

Relationship to child: _____

Pick-up Information

Person who will pick child up from VBS each day: _____

Contact number (if not listed above): _____

Tee shirt size (child's sizes) _____ small _____ medium _____ large _____ xl

Payment: \$25.00 per child; family maximum of \$50.00 _____ cash; _____ check

Signature of Parent / Guardian: _____

Mail completed registration to:
VBS, Central Presbyterian Church, 200 East 8th Street, Austin, TX 78701

200 East 8th Street
Austin, TX 78701
512-472-2445
www.cpaustin.org

Central Presbyterian Church

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