



Registration Form

Cave Quest Vacation Bible School

July 10 – July 14, 2017 9 a.m. – noon

Celebration Sunday, July 16, 2017 9:30 am

Please complete and mail along with registration payment to: First Congregational Church of Haddam, P.O. Box 215, Haddam, CT 06438.

Child Name: _____ Age: _____ Grade entering in the fall: _____

Allergies or other medical conditions: _____

Child Name: _____ Age: _____ Grade entering in the fall: _____

Allergies or other medical conditions: _____

Child Name: _____ Age: _____ Grade entering in the fall: _____

Allergies or other medical conditions: _____

Parent or Guardian Information:

Name: _____

Address: _____

Phone where you can be reached during this event: _____

Email address: _____

Emergency contact if parent can not be reached: _____

Emergency contact number: _____

May we photograph your child as part of this event? The photos may be posted in the church’s Fellowship Hall, monthly newsletter, and on the church website and Facebook page. No names will be included. Yes No

Would your child like to be placed in a group with a friend? (We will make every effort to do this but there are no guarantees.) Name of friend: _____

Additional comments: _____

Signature of parent/guardian _____ Date _____

Registration Fees:

\$20 per child (\$50 maximum per family)

Checks can be made out to: FCCH (Please write “VBS” in memo line)