

Byerland Mennonite Church

931 Byerland Church Rd., Willow Street

July 28 – August 1, 2014

6:30 – 8:30 PM

Age 3 – Grade 6 (just completed)

byerlandchurch.org



Registration Form

Family Information

Parents/Guardian _____ Home phone _____

Address _____ City _____ State ____ Zip _____

Cell phone _____ Email _____

Home Church _____

Emergency contact _____ Phone _____

Child's name _____ Age ____ Birthdate ____/____/____ Grade completed _____

Food allergies Y__ N__ List _____

Medical concerns Y__ N__ Explain _____

Child's name _____ Age ____ Birthdate ____/____/____ Grade completed _____

Food allergies Y__ N__ List _____

Medical concerns Y__ N__ Explain _____

Child's name _____ Age ____ Birthdate ____/____/____ Grade completed _____

Food allergies Y__ N__ List _____

Medical concerns Y__ N__ Explain _____

Child's name _____ Age ____ Birthdate ____/____/____ Grade completed _____

Food allergies Y__ N__ List _____

Medical concerns Y__ N__ Explain _____

**Please bring this form to the registration table the first night of VBS, mail it to Byerland Mennonite Church 931 Byerland Church Rd. Willow Street PA 17584 or email information to: pastorjay@byerlandchurch.org*

