

# Register for Operation Space!

Vacation Bible School  
Parsippany Baptist Church  
July 13-17, 2009 from 6:45-9:00 PM

Please PRINT Legibly

Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact if not Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name of authorized pick-up person if not Parent/Guardian \_\_\_\_\_

Name of home church \_\_\_\_\_

Child's name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

Child's name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

Child's name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

I understand that Parsippany Baptist Church is only responsible for my child from 6:45 PM to 9:00 PM. not before or after these hours.  
In case of emergency, I authorize medical attention to be given to my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_