

# 2026 Cheswick Christian Fellowship VBS

## Registration form - one per child

(Call CCA to pre-register your child. 724-274-4846 Hours: M-F 10:00-2:00)

Monday, July 6 - Friday, July 10 10:00 am - 12:00 pm daily

Ages: students who are entering 1st - 6th grade

Child's Name: \_\_\_\_\_ male / female (circle one)

Child's age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (for 26/27 school year): \_\_\_\_\_

Address: \_\_\_\_\_ Home church: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of Emergency: Please list the names of the individuals we should call if we are unable to contact you.

Name: \_\_\_\_\_ phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Allergies and/or medical conditions: \_\_\_\_\_

These people have my permission to pick up my child. I am aware they will need to show an ID in order for my child to be released to them.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I give permission for my child's photo to be taken during VBS week. I understand that my child will be involved in activities in which tennis shoes are the most appropriate footwear.

\_\_\_\_\_

(signature of parent/guardian)

\_\_\_\_\_

(date)

