



Crestfield VBS/Day Camp Registration Form

Revised 1/2017

Please PRINT Clearly

Camper's Name _____

Address _____

City _____ State _____ Zip code _____

Last Grade Completed _____ Age _____

Name of Church _____

Sibling Attending _____ Yes _____ No

If yes name _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ Work phone _____

Emergency Contact if Parent cannot be reached

Name _____

Relationship to child _____

Best Number to contact person _____