

Registration Form: Son Quest Rainforest

Child's Name: _____

Nickname Preferred: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____

Parent(s) Name(s): _____

Grade child JUST GRADUATED: _____ Age: _____ School: _____

Home Church: _____

Emergency Contact: _____ Phone: _____

Relationship to child: _____ Cell: _____

Doctor: _____ Phone: _____

Allergies (please list indoor/outdoor and FOOD): _____

*Please know there will be a photographer on the premises. Your child's picture may be taken and used in Days of Grace's publications. No child is ever identified online.

*Please know that homemade goodies will be served at our VBS. Please note in the "allergies" section if you would prefer your child to only have store bought.

By signing below you consent to both of the above statements.

Signature of Parent/Guardian

Date