



**INFORMATION TO HELP US KNOW AND TEACH CHILDREN AT MEADOWOOD VACATION BIBLE SCHOOL.**  
Please turn this card into the church office or in one of the containers in the preschool hallway or the Children's Info Center ASAP to enroll your child.

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Age \_\_\_ Date of Birth w/year \_\_\_\_\_ Sex \_\_\_\_\_ Grade completed \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Church usually attended \_\_\_\_\_  
 Parents' Name (or person with whom child lives) \_\_\_\_\_  
 Person who brought child if not parent \_\_\_\_\_  
 In case of emergency call \_\_\_\_\_ at \_\_\_\_\_  
 Other information to help us meet child's needs (allergies, medications, etc. \_\_\_\_\_



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