



Glenview Evangelical Free Church

Family Bible Week

June 20-24

Registration Form

(One Per Child)

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

Home Church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____ Relationship to child: _____

Name of friend I would like to be with: _____