

Cana Baptist Church Vacation Bible School



Registration Form

Child's Name: _____

Address: _____

Age: (must be 4 by 9/1/07) _____

Last Grade completed: _____

Parent Name: _____

Cell Phone: _____

Home Phone: _____

Allergies or Medical Needs: _____

Any other Special Situations: _____

Where do you regularly attend church?

Who is allowed to pick up your child?

Would you like more information about Cana and its
Children's Ministry sent to you?

Yes or No



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