



Vacation Bible School
Age 4 – grade 6 (entering)
July 21-24 (Mon. – Thurs.) 6:15 – 8:30pm
Minnesota Valley Church
16075 Hawthorn Path, Lakeville 55044
mnvalleychurch.org

1) Child's Name _____ Birth Date _____ Age _____

Grade Entering _____ Allergy/Health Info. _____

2) Child's Name _____ Birth Date _____ Age _____

Grade Entering _____ Allergy/Health Info. _____

3) Child's Name _____ Birth Date _____ Age _____

Grade Entering _____ Allergy/Health Info. _____

4) Child's Name _____ Birth Date _____ Age _____

Grade Entering _____ Allergy/Health Info. _____

Parent's Names _____

Address _____ City, State, Zip _____

Home# _____ Cell# _____ Work# _____

Email _____

Emergency Contact _____

Phone# _____ Relationship _____

My Child(ren) have my permission to attend & participate in Minnesota Valley Church's Vacation Bible School program.

Parent/Guardian Signature _____

Date _____