

Please return to the school or church office



Registration Form



Name(s) and age(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ Cell phone: _____

Home email address: _____

~~Number of family members participating in Hometown Nazareth: _____~~

Will parents be helping in other areas of Hometown Nazareth? _____ Where? _____



In case of emergency, contact: _____
Name and phone number

Allergies or other medical conditions: _____

Home church: _____

Tribe name (for church use only): _____

Name of a special friend your child might like to be with: _____

If you would like more information or would like to find out how you can volunteer or donate, please contact Krista Jennings at 281-725-1248 or vbs.flc@gmail.com