

# Vacation Church School

## BUCKNER RESTORATION BRANCH

Monday, July 7 – Thursday, July 10, 2025 ✧ 9:30 am – 12 noon  
4 year olds – 5<sup>th</sup> Grade

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade Entering 2025-26 School Year \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

T-Shirt Size (please circle one)      Youth sizes:    x-small; small; medium; large; x-large  
Adult sizes: small; medium; large; x-large; xx-large

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade Entering 2025-26 School Year \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

T-Shirt Size (please circle one)      Youth sizes:    x-small; small; medium; large; x-large  
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Grade Entering 2025-26 School Year \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

T-Shirt Size (please circle one)      Youth sizes:    x-small; small; medium; large; x-large  
Adult sizes: small; medium; large; x-large; xx-large

Junior/High Schooler (Helper) Name \_\_\_\_\_

Grade Entering 2025-26 School Year \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

T-Shirt Size (please circle one) Youth sizes: x-small; small; medium; large; x-large  
Adult sizes: small; medium; large; x-large; xx-large

Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Church \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

**\*Parent's Signature (required)** \_\_\_\_\_

Please Return registration form to:

Dawne Jones  
416 Zoe Street  
Buckner, MO 64016  
Phone No. (816) 730-8405

Any questions or concerns, contact: [dawne.jones@comcast.net](mailto:dawne.jones@comcast.net)