



# 2018 VBS Registration Form

June 25-28 9am-12 pm Ages 4-9 years

Return to church offices or email to [secretary1fumc@sbcglobal.net](mailto:secretary1fumc@sbcglobal.net)

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

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

## Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Sibling's Name(s) \_\_\_\_\_

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

Allergies/Medical Information/Other \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Dismissal Information

Name(s) of person(s) who may pick up this child from VBS: \_\_\_\_\_

## Other Information (church use only)

Hero Group: \_\_\_\_\_

Are parents helping with VBS? \_\_\_\_\_ If yes, where? \_\_\_\_\_