



2019 VBS Registration Form

June 24-27 9am-12 pm Ages 4-9 years
Return to church offices or email to 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)

Astro Group: _____

Are parents helping with VBS? _____ If yes, where? _____