



# V.B.S. REGISTRATION FORM

First United Methodist Church

1245 Maple Ave

June 19-23, 2017

9:30 AM-12:00 noon

(one per Child)

Child's name: \_\_\_\_\_

Child's age \_\_\_\_\_ Date of birth \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

T-shirt size      Youth 2-4   6-8   10-12   14-16   Adult S   AM   AL

(Please circle one)  
or click appropriate button

Home telephone: (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ at \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

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

Crew number or name (for church use only) \_\_\_\_\_

By signing on this line you give your permission for us to photograph your child. These photos may be used on our church Web Site and other promotional materials for VBS.

\_\_\_\_\_

Please sign above