

Vacation Bible School Registration Form
Faith Community UMC
June 19-23, 2011

Child's Name _____

Boy ___ or Girl ___ Birthdate ___ / ___ / ___

Address _____

City _____ State _____ Zip _____

Home Phone _____ Grade Completed _____

Email _____ May we contact you by email? _____

Parent/Guardian _____

Work Phone _____ Phone during VBS _____

In Case of Emergency contact 1. _____

Name Phone

2. _____

Name Phone

Name of Physician _____ Phone _____

Allergies? Yes _____ No _____

Food? _____

Medicine? _____

Environmental? _____

Special Needs? _____

Church Affiliation _____

I am able to assist with VBS on the following Evenings:

Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___

I am able to assist with getting things ready for VBS _____

We are excited that your child will be joining us for Vacation Bible School, June 19-23, 2011. We think VBS week will be an exciting, fun filled week for all involved, to meet this goal we expect all who are involved to use appropriate behavior.

Parental Signature _____ Date _____