

REGISTER ME FOR:

Grace United Methodist Church
Vacation Bible School
Held at Trinity United Methodist Church
Mon., July 16 - Fri., July 20
6:30 pm - 8:15 pm



One form per child, please.

Child's name _____
Grade Completed _____
Birthday _____ Age _____
Parents' Name _____
Home Address _____
Home Phone _____
Alternate Phone _____

Emergency Contact Person _____

Relationship to Student _____

Home Phone _____ Alternate Phone _____

Food Allergies Y _____ N _____ (List:) _____

Medical Concerns Y _____ N _____ (Explain:) _____

Family Doctor _____ Doctor's Phone _____

Siblings Attending VBS (names and ages) _____

Church Affiliation _____ Church Membership at _____

People who may pick up the child _____

Authorizing Signature _____ Date _____

I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Attendance 1 2 3 4 5

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