

VBS 2017 REGISTRATION FORM

JULY 31 – AUGUST 4, 2017

Child's Name _____

Parent/Guardian Name _____

Address _____

Phone #'s Home _____ Cell _____ Work _____

Date of Birth _____ **Age** _____ **Last grade completed** _____

Email address _____

Allergies/Medical Information/Other _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information (Name(s) of person(s) authorized to pick up this child from VBS)

Photographs I give permission to have my child, _____,
photographed and post on PUMC website for Vacation Bible School. Parent's Initials _____

Special Requests (i.e. Put my child in the same group as another child (give name(s), etc.)

Other Information *(church use only)*

Group: _____

Make check payable to: **Pasadena United Methodist Church** and mail to **61 Ritchie Highway, Pasadena, MD 21122**
Attn: VBS Coordinator. If registering more than ONE child include name and info on a separate sheet of paper.