

VBS 2018 REGISTRATION FORM

August 6-10, 2018

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: _____