

Jones Memorial UMC's VBS Registration Form

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

Would you like any information on any of the following:

(If so please check all that apply)

Children Events	<input type="radio"/>	Youth Program	<input type="radio"/>
VBS	<input type="radio"/>	Church Services	<input type="radio"/>
Sunday School	<input type="radio"/>	Other: _____	
Wednesday Program	<input type="radio"/>		

How Did you hear about our Event: _____

Other Information (church use only)

Surfer Group _____

Are parents helping with CAMP E.D.G.E. VBS? _____ If yes, where? _____

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