

2017 VBS Registrations Form

Child #1

Child's Name: _____ Child's Gender _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Allergies: _____

Medical Conditions: _____

Child #2

Child's Name: _____ Child's Gender _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Allergies: _____

Medical Conditions: _____

Child #3

Child's Name: _____ Child's Gender _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Allergies: _____

Medical Conditions: _____

Parent's Information

Name of parent(s): _____

Address: _____

Telephone: _____ Email address: _____

Home Church: _____

In case of emergency, contact: _____

Phone: _____ Relationship to child: _____

____ Yes, I give permission to allow Sunset Drive UMC to post my child(rens) pictures on social media.

____ No, I don't give permission to allow Sunset Drive UMC to post my child(rens) pictures on social media.