



VBS Registration Form

(One Per Child)

June 5 - June 9, 2017

First United Methodist Church of Glendale

Child's name: _____ Child's gender: _____

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

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____

Parent/caregiver's cell phone: _____

Home email address: _____

Home church: _____

I give permission for my child to be photographed: Yes / No

Crew number or name (for church use only): _____



Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____