

**Sabina United Methodist Church
Vacation Bible School 2017 - Registration Form**

Child's Name _____

Parent/Guardian Name(s) _____

Address _____

Email Address _____

Phone Numbers:

Home _____

Cell _____

Child's Age: _____

Child's Shirt Size: _____

Medical Information

Medical or other information we need to know. PLEASE INCLUDE ANY FOOD AND LATEX ALLERGIES.

Emergency Contacts

Name _____

Phone Number _____

Name _____

Phone Number _____

Dismissal Information

Who may pick up your child at the end of each VBS day?

Other Information

Do you/your child(ren) attend church/Sunday School? If so, where?

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes No

Registrar: Attendance Record (circle days here)

M T W H F