

VBS REGISTRATION FORM

Tuesday – Friday, January 3-6, 2017
9:00am – 3:00pm

Child's name _____

Parent/Guardian Name _____

Address _____

email address (optional) _____

Phone number _____

Age _____

Current Grade _____

Home church _____

Allergies/Medical information we need to know about _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Shirt size _____

Before care needed _____

After care needed _____

North Merritt Island United Methodist Church