



WINTER VBS at FUMC-DP

Jan. 3 & 4 10a-1:30p

Registration Form

Child's name: _____

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

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____

Parent/caregiver's cellphone: _____

Home email address: _____

Home church: _____

Allergies or other medical conditions:



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Payment: Y N Cash _____ Check # _____