

Register me for VBS

July 9-13, 2018



Child's Name _____

Birthday _____ Age _____ Parent Email _____

Parents' Names _____

Home Address/City _____

Home Phone _____ Text? _____ Alt # _____

Emergency Contact Person _____

Emergency Contact Phone _____ Alternate Phone _____

Food Allergies (list) _____

Medical concerns (list) _____

Family Doctor _____ Doctor's Phone _____

People who may pick up the child/Phone # _____

WHUMC has my permission to photograph/film the minor designated above for any lawful purpose associated with this VBS program, including the VBS DVD to be shown on July 15 at WHUMC. Initials _____. Parent's Signature _____

Cost for VBS is \$15.00 for the first child and \$10 for each additional sibling. Please attach payment to the registration form. The deadline for registration is June 24.

I am interested in volunteering at the VBS program. Yes _____ No _____ Name _____ # _____