

VACATION BIBLE SCHOOL – REGISTRATION FORM

OWOSSO 1ST UNITED METHODIST CHURCH

AUGUST 8-12, 2010

CHILD'S NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

PHONE NUMBERS Home _____ Cell _____

Work _____

AGE INFORMATION

Date of birth _____ Age _____

Last school grade completed _____

HOME CHURCH _____

ALLERGIES/MEDICAL INFORMATION/OTHER

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

DISMISSAL INFORMATION

Name(s) of person(s) who may pick up this child from VBS other than parent