



Pilmoor Memorial UMC
Registration Form
VBS July 12-17, 2009
6:00 – 8:30pm

SUNDAY-THURSDAY - VBS CLASSES
FRIDAY – CLOSING CELEBRATION FOR FAMILY, SUPPER INCLUDED

Child's Name: _____

Parent's/Guardian Name(s): _____

Street Address: _____

Mailing Address: _____

Phone numbers:

Home (____) _____ Cell (____) _____ Work (____) _____

Age Information (5-12 yo): Rising grades K-5.

Date of birth _____ age _____ last school grade completed _____

Signature: _____

(Parent or guardian must sign form in order for your child to participate)

Home Church: _____

ALLERGIES/MEDICAL INFORMATION/OTHER:

Snacks provided may contain allergens such as peanuts.

Emergency Contacts:

Name: _____ phone: _____

Name: _____ phone: _____

Dismissal Information:

Name(s) of person(s) who may pick up this child from VBS each day:

Must be 18 years of age or older. Please sign children out at with Group Leader.

Other Information (church use only)

Group Leader: _____

Are Parents helping with VBS? _____ If yes Where? _____