



Registration Form

Vacation Bible School

July 22-26

6:00 – 8:30 p.m.

Child's Name: _____ Child's gender: _____

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 e-mail address: _____

Home church: _____

Do you have a friend you would like to be placed with? If so, who? _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

From time to time we take pictures during church activities. We would like your permission to use on our website, in the church newsletter and/or on our bulletin boards. Pictures would be selected to highlight activities during Vacation Bible School. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used by South Harborcreek UMC to show the many ways our children can have fun while participating in church.

- YES, I grant my permission.
- NO, please do not take or use any photos of my child.