



Coldspring United Methodist  
1 Cemetery Road  
Coldspring, TX 77331  
(936) 653-2287

# 2017 VBS Registration Form

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

### Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

### Age Information

Birth date \_\_\_\_\_ Entering what grade? \_\_\_\_\_

### Medical Information

Medical or other information we need to know. (Please include any food allergies or special needs.)

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts (other than listed above)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Dismissal Information

Who may pick up your child at the end of each VBS Day?

\_\_\_\_\_

May we have permission to photograph your child? Yes \_\_\_\_\_ No \_\_\_\_\_

May we have permission to use your child's photograph for the purpose of promotion? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Siblings Attending VBS (Need more room? Write on back.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_