



2024 VBS Registration

Coldspring United Methodist 1 Cemetery Road Coldspring, TX 77331 [936] 653-2287

Child's Name	
Parent/Guardian Name	
Address	
Mailing Address (if diffe	nt)
Phone Numbers	
Hom e	Work
Cell	Email
Age Information	
Birth date	Entering what grade?
Medical Information	
Medical or other inform	ion we need to know. (Please include any food allergies or special needs.)
Emergency Contacts (ot	er than listed above)
Nam e	Phone Number
Nam e	Phone Number
Dismissal Information	
Who may pick up your c	d at the end of each VBS Day?
May we have permission	o photograph your child? Yes No
May we have permission	o use your child's photograph for the purpose of promotion? Yes No
Parent/Guardian Signatu	Date
Siblings Attending VBS	eed more room? Write on back.)
Name	Age Grade
Name	Age Grade
Ness	Area Creade