



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

2019 VBS Registration

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 _____