

Huff's Union Church  
2019 Vacation Bible School  
July 8<sup>th</sup> - 12<sup>th</sup>, 2019

## To Mars and Beyond

Parents/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zipcode: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Text: Yes or No

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Em. Phone #: \_\_\_\_\_

Person(s) responsible for picking up the child(ren) listed below, at the closing of each night at VBS:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

I give my permission to have any photos taken of or including my child(ren) listed below during the VBS week, may be put on display bulletin boards, website and/or local newspapers by Huff's Union Sunday School.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Last Completed Grade: \_\_\_\_

Special Needs: (allegories, medical conditions, etc) \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Last Completed Grade: \_\_\_\_

Special Needs: (allegories, medical conditions, etc) \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Last Completed Grade: \_\_\_\_

Special Needs: (allegories, medical conditions, etc) \_\_\_\_\_

Will your child(ren) be taking part in the closing program on Sunday at 10:30 a.m.?

Yes \_\_\_\_\_ No \_\_\_\_\_