



Registration Form VBS 2024

Child's Name _____
(First) (Last)

Parent/Guardian Name _____
(First) (Last)

Address _____

City _____ **State** _____ **Zip** _____

E-mail Address _____

Phone Numbers (Cell) _____ (Work) _____

Age Information Date of birth _____ Age _____

Last school grade completed _____

Home Church

John Wesley UMC Other: _____

Allergies/Medical Information/Other _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

Photo/Video Permission

I grant permission for my child/children to be photographed during VBS events for the purpose of promoting VBS and the ministries of John Wesley UMC, in print, on social media and or visual promotion for live streaming worship.

Yes No Signature_____



Other Information (church use only)

Assigned Class _____

Teacher _____

Teacher _____

Attendance Record

Monday

Tuesday

Wednesday

Thursday

Friday