



Vacation Bible School Registration Form

Join us at the
Methodist Church!
May 9-11, 3:30-6:00

Student's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers -- Home _____ Cell _____ Work _____

Age Information Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

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

Other Information (church use only)

Surf Shack Group _____

Are parents helping with SURF SHACK VBS? _____ If yes, where? _____