



VBS Registration Form

Please return by May 21, 2017, to: Open Doors United Methodist Church,
595 1st Ave SW, Wells MN 56097. \$5.00 fee per child preferred with registration, but may
be paid on first day check-in. Make checks out to Open Doors UMC.

Child's Name #1: _____

Child's Name #2: _____

Child's Name #3: _____

Parent/Guardian Name: _____

Address: _____

E-mail Address: _____

Phone Numbers: Home _____ Cell _____ Work _____

Home _____ Cell _____ Work _____

Age Information:

Child 1: _____ Birth Date _____ Age _____ School grade completed _____

Child 2: _____ Birth Date _____ Age _____ School grade completed _____

Child 3: _____ Birth Date _____ Age _____ School grade completed _____

Home Church _____

Allergies/Medical Information/Other:

Emergency Contact:

Name _____ Phone _____

Dismissal Information:

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

Is it known ahead of time if child will be absent any days? _____

Would you be willing to help with VBS? Yes No If not this year, next year? Yes No Maybe

Photo Consent: I am the parent or legal guardian of the child(ren) listed above, and I: DO give my permission; or
 DO NOT give my permission for my child(ren)'s image(s) to be used in Open Doors UMC publications, video or website.

Signed: _____ Date: _____

Other Information (church use only)

Crew _____

\$5/child registration pd \$ _____ Cash Check # _____ Date _____