



# VBS Registration Form

Please return by May 20, 2019, 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 1: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School grade completed \_\_\_\_\_

Child 2: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School grade completed \_\_\_\_\_

Child 3: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School grade completed \_\_\_\_\_

Child 4: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School grade completed \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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 \_\_\_\_\_