

# Wells Area Vacation Bible School Registration Form

June 5-8, 2023

Please return by Sunday, May 28, 2023, to your home church. You may also email [opendoorsumc@bevcomm.net](mailto:opendoorsumc@bevcomm.net) or call 507-553-5453.

Child 1: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Child 2: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Child 3: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Child 4: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

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

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

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

Phone Numbers: (Mom) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

(Dad) 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 church publications, video or website.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_