

VBS Date: August 20 (9-11:30 AM)

Location: Middleburg United Methodist Church

Child's Name: (One form per child please)

Grade Completed: _____ Birthday: / / Age: _____

Parent's Name(s):

Home Address:

Home Phone: () - Alternate Phone: () -

Emergency Contact Person: _____

Relationship to Student: _____

Home Phone: () - Alternate Phone: () -

Food Allergies: (circle one) Yes ♦ No

If yes, list:

Medical Concerns: (circle one) Yes ♦ No

If yes, explain:

Family Doctor: _____ Doctor's Phone: () -

Siblings Attending VBS (Names and Ages):

Person(s) Name(s) and Phone Number Who May Pick up the Child:

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time that they learn!

Parent

Signature: _____ Date: _____