



VBS Registration Form
 July 11-15 9am-12pm
 Ages 3 - 5th Grade



Child's Name: _____

School Grade in 2022: _____ Child's Age: _____

Allergies/Special Needs/Medical Info/Other: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Home Church (if any): _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

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

PHOTO RELEASE

I DO permit (If checked, please sign below) I DO NOT permit (If checked, DO NOT sign below)

Ebenezer UMC Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: _____ Date: _____

------(FOR CHURCH USE ONLY)-----

Assigned to Group: _____