

REGISTRATION FORM

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Name _____

Date of Birth _____ Grade Completed _____ Age _____

Siblings attending? Please list names and ages below:

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Do you accept text messages? Yes No

E-mail address _____

Emergency Contact Name and Number _____

Special Needs/Allergies/Other Concerns

Is there a friend your child would like to be placed with? _____

Home Church:

PHOTO RELEASE: By filling out this form I also agree to the following release of information regarding my child: The church may feature my child in the broadcast and print media, on the church web site, and in publications and programs.

Parent Signature _____

Date _____



First United Methodist Church
301 S. National
August 6-9, 2018 6-8 p.m.

VBS program August 9th