

VBS at Grace United Methodist Church

God's Special Tent



2019 REGISTRATION FORM

Child/ren:

- 1. _____ **Grade Entering** _____
- 2. _____ **Grade Entering** _____
- 3. _____ **Grade Entering** _____
- 4. _____ **Grade Entering** _____

Address: _____

Phone: _____ **Email:** _____

Emergency Name and Phone: _____ (_____) _____

I hereby grant the VBS leaders permission to photograph the minor(s) listed above in any manner or form for any lawful purpose associated with this VBS program.



Allergies or Medical Concerns: _____

Would your child like to be in a group with a specific friend?

Parent Signature: _____ **Date:** _____