

Vacation Bible School Registration



Who: Saint Joseph First
United Methodist Church
Where: 3003 Leco Ct., St. Joe - 983-3929
When: Monday, July 26-30, 9:00-11:30 AM

Child's name _____ Phone _____

Address _____
street city

Birthdate ___/___/___ Age _____ Grade entering _____

Mother's name _____ Day or cell phone _____

Father's name _____ Day or cell phone _____

Email _____

Emergency contact (other than parents) name and phone number

Brothers and sisters (names and ages) _____

Transportation? ___ Yes ___ No Help with VBS? Which Days? _____

Name of church, if you attend one regularly _____

Child's allergies or special needs we should know about _____

___ Yes ___ No I give permission to St. Joseph First UMC to use photo or video images of my child for promotional purposes.

Please list anyone your child should not be released to _____



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