



## VACATION BIBLE SCHOOL ROAD TRIP

### Registration Form

Wednesday evenings, August 6, 13, 20, 27 @ 6pm

Registration Fee of \$10 per child (\$25 max per family)

Child's Name: \_\_\_\_\_ Gender: F\_\_ M\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Last school grade completed \_\_\_\_\_

Shirt size: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ phone# \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ phone#: \_\_\_\_\_

Relationship \_\_\_\_\_

Allergies/Medical Information \_\_\_\_\_

Does the child carry an EPI pen with them? YES NO

Dismissal Information:

Name(s) of person (s) other than you who may pick up this child from VBS

1) \_\_\_\_\_

2) \_\_\_\_\_

Publicity: May we use your child's picture in our social media, which includes our website and Facebook page?: Please note that we never use names.

YES \_\_\_\_ NO \_\_\_\_

Any other information we should know about your child?

\_\_\_\_\_

**Immanuel United Methodist Church**  
**303 Kasson Rd, Camillus, NY 13031 (315) 487-1171**