

VBS Registration Form

Child's name: _____

Child t-shirt size: XS S M L XL

How many for dinner each week? ____ Child ____ Adults

Health Information

Please take this space to inform us of any health needs and allergies your child may have

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____

Media Release

I give Immanuel UMC permission to use my child's photo in media posts, such as Facebook, the church newsletter, and email.

Yes _____

No _____

Signature _____

Date _____