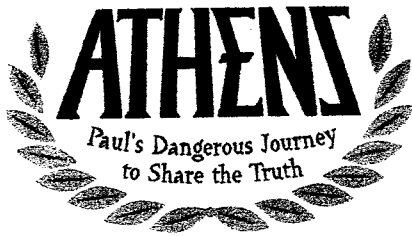


SUMMER FUN IN THE SON WEEK  
For children ages 4 yrs to 5<sup>th</sup> grade



# REGISTRATION FORM

Registration Fee: \$15 per child; no more than \$30 per family

Name(s),  
age(s) & gender: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Number of family members participating in Athens VBS \_\_\_\_\_

Will parents be helping in any other areas of Athens VBS? \_\_\_\_\_ Where? \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_  
Name and phone number

Allergies or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Do you carry an EPI Pen with you? YES or NO

Name of one friend your child might like to be with: \_\_\_\_\_

May we use your child's picture on our social media (ex., church website,  
Facebook, church bulletin and/or videos in worship? YES or NO

Immanuel United Methodist Church, 303 Kasson Rd., Camillus, NY  
(315) 487-1171 ♦ churchofthebells.org