



Mequon United Methodist Church VBS Registration 2019

June 24-28, 9:00 AM-Noon

Child's Name _____ Age ____ Birthday _____ T-Shirt Size _____

Grade ____ School _____ Allergies/Special Needs _____

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Grade ____ School _____ Allergies/Special Needs _____

Child's Name _____ Age ____ Birthday _____ T-Shirt Size _____

Grade ____ School _____ Allergies/Special Needs _____

Parent/s Name/s _____

Address _____

e-mail/s _____

Phone numbers where I can be reached during VBS:

Home _____ Cell _____ Other _____

Custody of child/ren: ____ Both Parents ____ Mom ____ Dad ____ Other _____

Persons authorized to pick up child/ren ____ Mom ____ Dad ____ Others _____

*****Please list additional concerns/things we need to know on the back of this form!**

I am available to assist VBS in the following areas:

____ Science/Crafts ____ Bible Stories ____ Videos ____ Games ____ Kitchen

We request a \$35.00 registration fee per child. Scholarships are available – please let us know if you would like more information. Checks should be made out to Mequon United Methodist Church.

Signatures Required Below!

In the event of a medical emergency where I cannot be reached, I authorize representatives from Mequon United Methodist Church to consent to treatment for my child/ren at the nearest medical facility. I also authorize transport of my child to this facility.

Parent/Guardian Signature _____ Date _____

Children who attend events at Mequon United Methodist Church may be photographed as they participate in activities. These pictures may be published in the newspapers, church publications, and on the church's website and Facebook page. I authorize the use of my child/ren's pictures by Mequon United Methodist Church.

Parent/Guardian Signature _____ Date _____