

Group



ST. JOHN'S UCC VBS REGISTRATION FORM
285 W. National Dr. Newark, OH 740-323-2407
E-mail: stjohsucc.ce@windstream.net
Preschool through Sixth Grade
June 25-29, 9:00 a.m. to 11:30 a.m.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell Phone: _____

Home e-mail address: _____

Child's age: _____ Last school grade completed: _____

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies (including food allergies) the VBS staff should be aware of: _____

Person responsible for picking up this child at the end of each VBS day:

Name: _____ Phone # _____

Signature of parent/guardian: _____

Photographs (Please sign only to disallow photo use)

I Do Not allow photographs and/or video representations of me or my child to be taken for the express purpose of telling stories about the church VBS experience and/ or promoting church activities in the future.

Signature _____ Date _____