



ST. JOHN'S UCC VBS REGISTRATION FORM  
285 W. National Dr. Newark, OH 740-323-2407  
E-mail: [stjohnsucc.ce@windstream.net](mailto:stjohnsucc.ce@windstream.net)  
Preschool through Sixth Grade  
June 20-24, 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: \_\_\_\_\_

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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 \_\_\_\_\_