

Register Form

One per child



Child's name _____ Age _____

Address _____ City _____

State _____ Zip _____ Gender: _____ Grade completed _____

Parents/Guardian _____ Home phone _____

Home Church _____

Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Who may pick up _____

Parent/Guardian Signature: _____

- I give permission for still and video pictures of me and/or my child at VBS
- I do NOT give permission for pictures or videos of me and/or my child at VBS

** By signing this release I consent that Mt. Pleasant UMC may use photos and videos for VBS purposes including projection during services and social media within the bounds of the church's Safe Sanctuary Policy.