



VBS Registration Form

Name _____ Birth date _____

Street address _____

City, State, Zip _____

Home phone _____ Cell phone _____

E-mail: _____

Parent(s) name(s): _____

Parent(s) phone number(s): _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

School grade just completed: _____

Name of home church, if any: _____

I hereby _____ GRANT _____ DO NOT GRANT (choose one) permission for **Mooreville UMC** to use pictures of my child on their website/Facebook page for informational or promotional purposes.

Parent/Legal Guardian Signature _____