

Please pre-register by returning this form to Mt. Vernon United Methodist Church

Vacation Bible School Registration
Mt. Vernon United Methodist Church
5701 E. Mt. Vernon Wichita, KS 67218
July 9th- 13th, 2018 Time: 5:45 – 8:15 p.m.

Child's name: _____

Name usually called: _____ Age: _____

Date of birth: _____ Grade entering this fall: _____

Parent/Guardian's name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Email address: _____

Number where you can be reached during the hours of VBS: _____

Names of people who may pick up child from VBS each day (**please come inside to pick up your child**): _____

Special information about child (fears, allergies, medications, etc.): _____

In case of emergency, if parent cannot be reached, notify:

1) _____ Relationship: _____ Phone: _____

2) _____ Relationship: _____ Phone: _____

Siblings Attending VBS

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

Home church: _____

If you are a visitor to Mt. Vernon, how were you invited?

_____ Sign in church yard

_____ Invitation (mail or flyer)

_____ Personally invited (by whom? _____)

_____ Other _____

Photos of your child may _____ may not _____ be used for media purposes by Mt. Vernon United Methodist Church.

Signature _____ **Date** _____