

Community United Methodist Church / Our Savior Lutheran Church

Vacation Bible Day Camp Registration Form

Child(ren)'s Name(s): _____

Parent/Guardian Name(s): _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Cell: _____ Work: _____ (Circle best one to call)

Age Information:

Child 1 Date of Birth: _____ Age: _____ Child 2 Date of Birth: _____ Age: _____

Child 3 Date of Birth: _____ Age: _____ Child 4 Date of Birth: _____ Age: _____

Home Church (optional): _____

Allergies/Medical Information/Special Needs/Other things we should know:

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Information:

Name of Person(s) who may pick up this child from VBS:

Photo Permission

I agree that CUMC/OSLC VBS may photograph my child and use those photographs for projects during VBS.

Initial _____

Parent/Guardian Signature _____

Date _____

Fill this out and mail to: United Methodist Church, c/o Susie Steuben, P. O. Box 1414, Quincy, CA 95971 or bring to : UMC on the first day of Camp at 8:45 on June 17, 2022.