

Child VBS Registration 9am-noon June 21-25, 2021 (potty-trained 3 years old-5th grade)

Families, please complete one form per child. Thank you!



Name _____

Date of Birth: Month _____ Day _____ Year _____

Completed grade _____

Sex / Male _____ Female _____

Child's Address _____

City / State _____ Zip _____

Church Affiliation: _____

Parent's/Guardian's Name _____

Email _____ Cell Phone (_____) _____

Person to be contacted in case of emergency:

Name _____ Phone _____

Relationship to Child: _____

Does your child have any medical conditions that we should be aware of? (allergies, medications, etc.) If so, please explain:

IF YOUR CHILD HAS A FOOD ALLERGY PLEASE BRING AN ALTERNATIVE SNACK!

Siblings who will also be attending VBS _____

My child would like to be in class with the following friend: _____

In the event that a parent/guardian and emergency contact cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Director of Children's Ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I also agree that any photographs taken of my child at or during this event are the property of Covenant United Methodist Church and may be used in future publications as deemed appropriate.

Signed: _____ Date: _____

Insurance Company: _____ Policy No. _____

T-Shirt Size : (Child's) XS S M L
(Adult's) S M L XL XXL

\$15 Registration Fee (\$30 cap per family) Paid With: Cash _____ Check # _____