

2018 VBS Registration
Crestview United Methodist Church
July 9-12 5:30 – 8:00 p.m.

1. Name _____ DOB _____

Grade completed _____ Age _____

2. Name _____ DOB _____

Grade completed _____ Age _____

3. Name _____ DOB _____

Grade completed _____ Age _____

Parent/Guardian's name(s) _____

Address _____

Phone (including cell phone) _____

We will be serving light meals for children and teachers (if they wish) at 5:30. There is no cost but reservations are appreciated! Please indicate below if you will need meals and how many.

Monday _____

Any food allergies? Please list:

Tuesday _____

Wednesday _____

Thursday _____

We take pictures of the children in various activities during VBS. We'd like to post those pictures to our website and to our Facebook page. Please sign this form acknowledging your understanding and compliance of the program.

Signature _____

Date _____

Bring this completed form with you on July 9th (or it can be returned to the church office before then -2245 SW Eveningside Dr., Topeka KS 66614) We'll see you on the 9th!!