

2019 VACATION BIBLE SCHOOL REGISTRATION

Bethlehem United Methodist Church
4 Westtown Rd. PO Box 57. Thornton, PA 19373. (610)459-3482
July 15 – July 19, 9:00am-12:30pm

Completed Kindergarten Through Completed Seventh Grade (As of June 30, 2019)

Registration fee is \$20 per child if received by June 30; \$25 per child if received July 1-7; \$35 per child if received on or after July 8. Maximum family payment is fee for 3 students based on time of registration (\$60, \$75, or \$105).

Please make checks payable to Bethlehem UMC. Forms received without fee will be placed on waiting list.

(Additional forms available at www.bethmeth.com; Financial Assistance available.)

Child's Name (Preferred First)	(Last)	(Age)	Male/Female	Birth Date mm/dd/yy	Grade Completed as of June 2019	T-Shirt size
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Registrations received by June 14 will receive a T-Shirt.

I would like my child _____ to attend class with their friend _____

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Address: _____ City: _____ State: _____ Zip: _____

Parent(s) Name(s): _____ Home Telephone: _____

Dad's Cell Phone: _____ Mom's Cell Phone: _____

Child/Children resides with: Mom _____ Dad _____ Both Parents _____ Guardian _____

Your home church name: _____ School Attending: _____

Parent E-mail address: _____ **Add to Children's Ministry email list:** Yes or No

Allergies/Medical Concerns: _____

Child may receive Tylenol? Yes or No Benadryl? Yes or No

Emergency Contact: _____ Telephone: _____

*During this week, we will take pictures and/or videos to create a VBS Slideshow, post on our church website and/or Facebook page. Names will **never** be listed with a child's picture. These are meant to let celebrate Children's Ministry with our congregation. (Please contact the office if you have any questions about this.)*

Parent/Guardian Signature: _____ Date: _____

(For Parents and students graduating from 8th grade & higher):

I would be interested in volunteering as a: **Crafter Kitchen Helper Classroom Helper**

Name.	Phone.	Specify Parent or Student with grade.	T-shirt size.
1. _____	_____	_____	_____
2. _____	_____	_____	_____