



Vacation Bible School Registration Form

June 24-28, 2018 5:45-8:00 p.m.

Child's Name: _____

Date of Birth: _____ Age: _____ Last Grade Completed: _____

Parent/Guardian(Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Emergency Contact: (Other than Parent given above)

Name: _____

Phone: _____

Allergies: _____

**I have First Alcoa United Methodist Church permission to photograph my child for the purpose of advertising Vacation Bible School and craft materials

Yes _____ No _____ Initials _____