



## Bethany of Fox Valley UMC VBS Registration

July 16-20th, 2018...9:00-12:00

Child's Name (one child per form): \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child know someone else attending VBS that she/he would like to be paired with? (We can not guarantee all requests, but will do our best to place kids together).

\_\_\_\_\_

Do you give permission for your child to be photographed?  yes  no

Does your child have any medical conditions that could impact VBS participation? \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies?  yes  no

Please list all foods your child is allergic to (please be specific): \_\_\_\_\_

\_\_\_\_\_

Will your child's food allergies require your child to bring their own snack?  yes  no

Please provide 2 emergency contacts who are authorized to pick up your child:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cost:** Non Church Members: \$40 for first child, \$35 for each additional sibling

Church Members: \$35 for first child, \$30 for each additional sibling

Total Family Payment \$ \_\_\_\_\_ Check # \_\_\_\_\_