



REGISTRATION FORM

(One per family)

Aurora United Methodist Church VBS

3 yrs old – 5th Grade

Sunday, July 19, 2009 – Thursday, July 23, 2009

6:30 PM – 8:30 PM

Program: Friday, July 24, 2009

7:00 PM

Ice Cream Social

Sponsored by the United Methodist Men

6:30 – 8:30 PM

Family Information:

Father's name: _____ Mother's name: _____

Address/City/ST/Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (if unable to reach parents): _____

Email Address: _____

Children Information:

Child's name _____

Last Grade Completed (age if not in school): _____ Gender: M F

Allergies/Medical Information/Other _____

Child's name _____

Last Grade Completed (age if not in school): _____ Gender: M F

Allergies/Medical Information/Other _____

Child's name _____

Last Grade Completed (age if not in school): _____ Gender: M F

Allergies/Medical Information/Other _____

Child's name _____

Last Grade Completed (age if not in school): _____ Gender: M F

Allergies/Medical Information/Other _____

Photo/Video Permission: I agree to allow my child(ren) to be photographed for craft, publicity, or program purposes.

Parent/Guardian Signature: _____

