



**First United Methodist Church
2010 Vacation Bible School**

Registration Form
June 21 - 25
9 am to 12 noon

Student's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Emergency /Cell: _____

Parent's/Guardian's Name: _____

E-mail Address: _____

Allergies or Special Needs: _____

Member of Which Church: _____

Birthday: _____ Age: _____ Grade in Fall: _____

We may be separating each grade into 2 different classes. If there is a child who your child would like to be in a group with (in their same grade), put their name here. Thank you!
