



REGISTRATION FORM

(ONE FORM PER FAMILY)

September 8th & 9th

Youth/Child's Name Grade entering for 2016-2017 school year Age

1: _____

2: _____

3: _____

4: _____

Mailing Address _____

Parents E-mail: _____

Mother's Name: _____ Phone number _____

Father's Name: _____ Phone number _____

Do you give permission for photographs of the youth/child named above, taken at Hope UMC to be used for displays within the church, for advertising of church programs within the community, or on the church web-site or social media? (Please circle one) YES NO

There are various opportunities to volunteer for before and during the week of VBS this year. Would you like to be contacted and hear how you can help? YES NO

In case of emergency, who should we contact if parents cannot be reached? Please provide name, phone number & relationship to child/youth: _____

Allergies or other medical conditions: _____

Home church: _____

Name of special friend your child might like to be with: _____

Forms can be returned to: Hope U.M.C, Attn: VBS, 2233 Golf Road, Eau Claire, WI 54701

*2 weeks prior to VBS you will receive a confirmation letter with more information.

Any questions please call: 715-835-5310 or 715-577-1134