



**Wesley Grove United Methodist Church**  
**2017 VBS Registration Form**  
**July 10 -14 ~~~ 5:30 pm - 8:30 pm**

Child's name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male or Female (Circle one.)

School: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Any special friends attending VBS: \_\_\_\_\_

Evenings attending VBS: (Circle those that apply.) All or M Tu W Th F

Name of parent(s)/guardian(s): \_\_\_\_\_

Street address: \_\_\_\_\_

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

Best telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_ Home church: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Please list any information we should know about your child (medical issues, health conditions, fears, etc.).	
Allergies or other medical conditions: _____	
Information you should know: _____	
In case of emergency, contact: _____	
Phone: _____	Relationship to child: _____

For Church Use Only - Crew number or name: \_\_\_\_\_