



VACATION BIBLE SCHOOL
WESLEY CHAPEL UNITED METHODIST CHURCH
JUNE 20 - 23, 2022 6:30 - 8:45 pm

CHILD'S NAME: _____ AGE: _____

GRADE ENTERING FALL 2022 _____ M___ F___

PARENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____

ADDITIONAL PHONE #: _____

CHILD'S BIRTHDAY: _____

NAME AND PHONE # OF PERSON TO CONTACT IN CASE OF EMERGENCY, IF WE CANNOT LOCATE THE PERSON LISTED ABOVE.

NAME: _____ PHONE: _____

HEALTH RESTRICTIONS/ SEVERE ALLERGIES/ INFO:

DO YOU WANT TO BE WITH A FRIEND? IF SO, WHO? (Must be same age)

MY CHILD MAY BE PHOTOGRAPHED. THE IMAGES WILL ONLY BE USED BY WESLEY CHAPEL. YES___ NO___

DO YOU ATTEND A CHURCH REGULARLY? YES___ NO___

IF SO, WHERE _____

MAY WE CONTACT YOU FOR FUTURE EVENTS AND SERVICES? YES ___ NO ___

PARENTAL RELEASE:

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE 2022 VBS PROGRAM AT WESLEY CHAPEL UNITED METHODIST CHURCH. I WILL NOT HOLD THE CHURCH NOR ANY PERSON RESPONSIBLE FOR ACCIDENT OR INJURY DURING THE TIME MY CHILD IS ATTENDING VBS AT WESLEY CHAPEL. I GIVE THEM PERMISSION TO SIGN FOR MEDICAL TREATMENT IN CASE OF EMERGENCY IF EVERY ATTEMPT TO REACH ME (THE PARENT) OR THE OTHER EMERGENCY CONTACT FAILS.

PARENT SIGNATURE: _____ DATE: _____