



Asbury UMC ROAR!
Vacation Bible School Registration Form
Ages 3 – Completed 5th Grade
June 24-27
6:00-8:30PM
Free Light Supper at 5:30 PM

Child Name: _____ Child's Gender: _____ Child's Age: _____

Date of Birth: _____ Last School Grade completed: _____

Name of Parent/Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Parent/Guardian Cell Phone: (_____) _____

Email Address: _____

Home Church: _____

Allergies or other medical conditions:

In Case of emergency, contact: _____ Phone: _____

Relationship to Child: _____

Person(s) who may pick up my child: _____

Photo Consent: Please check one of the boxes below.

Yes I give consent to my child's photo being taken and used on the church website

No I don't want my child's photo to be taken

****All children MUST be Potty Trained** Thank You.**

I would like to receive information about other events at Asbury UMC: Yes No

Parent/Guardian Signature: _____ Date: _____