

FIRST UNITED METHODIST CHURCH OF FARMINGTON  
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# Registration Form

(One Per Child)

## Vacation Bible School

July 22-26, 2019

9:00 am-Noon, Pre-school - 5<sup>th</sup> grade



Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**\$15.00 per child**