

First United Methodist Church of Belen

2024 Vacation Bible School Registration Form  
(one form per family)

Names Age Gender (M/F)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Number of family members participating in VBS? \_\_\_\_\_

Will parents be helping in any other areas of VBS? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Emergency contact name & phone: \_\_\_\_\_

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

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