

VACATION BIBLE SCHOOL 2018
Trinity UMC LaGrange Registration Form
July 30 – August 3, 2018
6:30 – 8:45
Grades K-5

Child's Information:

Name: _____

Allergies or other medical conditions _____

Family Information:

Parents/Guardians Name (s): _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Unless other written instruction is submitted, I consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Trinity UMC LaGrange VBS on Facebook.

Parent/Guardian Signature _____

Date _____

Please return completed form to Stacey DeProssino (sjdeprossino@gmail.com).