

Grace United Methodist Church
WILDERNESS ESCAPE

3 years – 5th grade
9:00 a.m. – 11:30 a.m.

Child's Name _____

Parent/Guardian Name _____

Address _____

E-Mail Address _____

Phone Numbers: Cell _____ Work _____

Age Information

Date of Birth _____ Age _____

Grade entering in Fall 2021 _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contact

Name _____ Phone _____

CONSENT

I give permission to Grace UMC to take and use: Photographs and or digital images of my child for use in news releases, web sites or electronic publications. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Grace UMC, Joliet IL

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

Registration forms can be mailed to the church or put in the outdoor black mailbox.
If you have any questions, please call the church office at 815-725-7632