

First United Methodist Church of Belen

2021 Vacation Bible School Registration Form  
(one form per family)

LOST IN TIME  
WITH JESUS

Names \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of family members participating in 2021 VBS: \_\_\_\_\_

Will parents be helping in any other areas of 2021 VBS? \_\_\_\_\_

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

Emergency contact name and phone number: \_\_\_\_\_

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

\_\_\_\_\_

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