

Good Shepherd UMC

VBS Child Registration Form



Complete all information * One form per child
Child must have turned 3 by January 1, 2018 – Finishing 5th Grade

Participant (Child) Name: _____

Parent/Guardian Name: _____

Child's Gender (circle one): Female Male

Child's Date of Birth: _____ What Grade/Age Group is Child Finishing: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Child Allergies: _____

Child Medical: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____ Cell Phone: _____

Parent/Guardian Email: _____

Emergency Contact Name (if different than parent/guardian): _____

Phone: _____ Emergency Contact Relationship to Child: _____

Is your child enrolled at the Good Shepherd Education Center for the week of VBS? (circle one) Yes No
(If yes, GSEC will handle "pick up" for your child)

Pick Up Name: _____ Phone: _____

Alternate Pick Up Name: _____ Phone: _____

The name of a friend your child would like to be with: _____

Crew: _____	Office Use: _____
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