

GROW WITH GOD !

McCordsville UMC Vacation Bible School

REGISTRATION FORM

Return Registration form by July 7 to guarantee your child's T-shirt size

Parent Names (First and Last): _____

Home address, street, town: _____

Cell or Home Phone w/area code: _____

Email address: _____

CHILDREN TO BE ENROLLED:

T-SHIRT SIZE Desired
Youth Sizes. Please
note if adult is needed.

NAME

AGE

1) _____

2) _____

3) _____

4) _____

EMERGENCY CONTACTS (If parents are unavailable):

Name/relationship to minor: _____

Cell or Home phone number: _____

HEALTH CONCERNS - FOOD ALLERGIES:

Name \Concern\Allergy: _____

Name \Concern\Allergy: _____

PERSON(S) AUTHORIZED TO PICK UP CHILDREN:

Name\Cell Phone Number: _____

Name\Cell Phone Number: _____

Anyone who is NOT Authorized to pick up your children: _____

I, as the parent of the named children above, do hereby give permission for them to participate in any activities related to Vacation Bible School at McCordsville United Methodist Church. I release and agree to hold harmless the church and all volunteers of all liability. I also authorize and give full consent to use any photographs or video which the above children are in to be used on any publication in the future.

Parent/Guardian Signature and date:

Any questions or concerns please email at Communications@Mccordsvilleumc.org

Email Registration form to: Communications@mccordsvilleumc.org.

Or by mail at: P.O. Box 188, McCordsville, IN 46055

Please NOTE: You will be required to sign this document upon your child's first day of *Grow With God! Vacation Bible School* at McCordsville United Methodist Church. Please see the staff when dropping your child of children off at the church. Thank you.