



Vacation Bible School Registration

July 25-27, 2021 6-8pm

Registration also available online at www.swccin.org

Please submit one form for each child that will be attending Vacation Bible School.

(Can turn form into church office or bring to first day of VBS, arriving at 5:45pm to register.)

Child's Name: _____ Date of Birth: _____

Grade for the **2022-23** School Year: _____ Child's Gender: Male Female

Child's Address:

Street _____ City _____ State _____ Zip Code _____

Parent/Guardian Name(s): _____

Parent/Guardian Best Phone # _____ Parent/Guardian 2nd Best Phone # _____

Emergency Contact #1 Name _____ Emergency Contact #1 Phone # _____

Emergency Contact #2 Name _____ Emergency Contact #2 Phone # _____

Medical

Please state any medical conditions, allergies, or other health related information that we should know about your child. If none, please state "none." _____

Other Information (*optional*) Please state any other information about your child that you believe would be helpful to us. _____

Child's Home Church (*optional*) _____

I hereby give permission for any photograph and/or video that may depict my child's unidentified likeness to be posted on the SWUMC website, use in brochure or other media. Yes No

Parent/Guardian Signature _____ Date: _____

Seeking to make disciples of Jesus Christ for the transformation of the world.



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