



Wesley United Methodist Church 2019 VBS Registration Form (6/10-6/14)

Student's Name _____

Parent/Guardian Name _____

Address _____

E-mail address _____

Phone numbers (Home) _____ (Cell) _____ (Work) _____

Emergency contacts _____ Phone _____

_____ Phone _____

Child's Date of Birth _____ Age _____ Grade Entering _____

Home Church _____

Friends of your child at this church _____

Special needs/ Allergies/ Medical or Other information _____

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

Does this child have siblings that are also attending VBS? If yes, please provide name(s) _____

_____ (Please fill out a registration form for EACH child.)

Photo Release: Wesley United Methodist Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature _____ Date: _____

****Please return this form to office@sterlingwesley.org, the Fellowship Hall VBS folder, or mail to Wesley United Methodist Church VBS, 2200 16th Avenue, Sterling, IL 61081, Attn: Tammy**