



# Vacation Bible School Registration Form

Heidelberg UCC  
June 18<sup>th</sup> to 22<sup>nd</sup>, 2018  
6:00pm-8:00pm



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School Grade Completed in June 2018: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Medical Information/Other: \_\_\_\_\_

Child's Shirt Size:

Small (4-5) \_\_\_\_\_ Medium (6-8) \_\_\_\_\_ Large (10-12) \_\_\_\_\_ X-Large (14-16) \_\_\_\_\_

Day's Your Child will be attending:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of person(s) picking up this child each night: \_\_\_\_\_

Is there a friend your child would like to be paired with, if possible? \_\_\_\_\_

Would you be willing to volunteer to help, if not already? \_\_\_\_\_

Where did you hear of our VBS Program? \_\_\_\_\_

**Cost: \$10 per child, max \$25 per family (please include with this Registration Form)**

**\*If help is needed with the VBS fee, please contact Sara McDowell at 610-287-9736.**

I hereby authorize Heidelberg United Church of Christ to photograph, videotape and/or record electronic images of my child(ren) at Vacation Bible School. I understand that these images, which are the sole property of Heidelberg UCC, will be used to document, promote and improve Vacation Bible School. I further acknowledge that these images may be displayed in public by Heidelberg UCC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VBS Use:

Amount Paid: \_\_\_\_\_ VBS Group: \_\_\_\_\_