



2015 Princeton UMC VBS Registration

Child's First and Last Name: _____

Address: _____

Rising _____ Grader Birthdate: _____ Age: _____

T-shirt size: Youth: xs s m l xl Adult: s m l xl

Parent/Guardian: _____

(Name)

(Home Phone)

(Cell Phone)

Emergency Contact: _____

(Name)

(Home Phone)

(Cell Phone)

Email Address: _____ Home Church: _____

Name of person(s) who have permission to pick my child up from VBS:

Allergies or special concerns that may limit child's activity:

Yes No: I agree to allow pictures to be taken of my child /children during the week of VBS. The pictures will be used in such areas as a PowerPoint presentation by Princeton UMC, for the church website, and/or a craft activity.

_____(signature): I give permission for the volunteers at Princeton United Methodist Church to obtain emergency medical treatment for my child/children. This release is effective June 22-25, 2015.

Princeton United Methodist Church
2390 South Lumpkin Street Athens, GA 30605

www.princetonumcathensga.org

(706) 353-1123

Princeton UMC is asking for a \$5.00 family donation to help with costs.

Church use only:
Group:
Donation: