

ONE PER CHILD. If filling out by hand please print clearly! Return by May 31 to [mthomas@eocumc.com](mailto:mthomas@eocumc.com).

## EOC UMC ANNUAL CONFERENCE VBS REGISTRATION

Student's Name \_\_\_\_\_

Days Attending, check all that apply      Thursday      Friday      Saturday

Parent/Family/Guardian Name & Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Home Church (if any) \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of person(s) who can pick up my child from VBS (they will need to provide ID)  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release:** The East Ohio Conference of The UMC Church 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, and social media. I also understand no royalties, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature (same as above) \_\_\_\_\_

Date \_\_\_\_\_

