

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 _____

