



## VBS Registration

June 1st—5th— 1:30pm to 3:00 pm—Ages 4-12

FUMC of Rockport 801 E, Main Street

Child's Name:		
Age:	Grade:	Birthday:
Parent's Name:		
Cell#:		
Email:		
Emergency Contact:		
Name:		
Cell #:		
Allergies or Special Notes:		
Please check yes or no:		
May we photograph ___ Yes ___ No	Use photo in presentation ___ Yes ___ No	