



**First United Methodist Church
Pflugerville
VBS Registration Form**
One child per form

Child's name: _____

Child's Age: _____ Date of birth: _____ Last grade completed: K 1st 2nd 3rd 4th 5th

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Cell number: _____

Email address: _____

In case of emergency, contact: _____

Person registering child: _____ Relationship: _____

Allergies or other medical conditions: _____

I hereby give permission for my child to be photographed or video recorded and for these images to be published in order to celebrate and/or promote this VBS experience.

Parent/Guardian Signature

Date

A \$5 donation is requested in order to cover the cost of materials for the Bayou Swamp. Scholarships are available.

Staff Use

Assigned to Bayou crew - _____

T-shirt size Child - S M L XL Adult - S M L XL

Donation received