



FOOD TRUCK PARTY

Vacation Bible School Form

Wednesday evenings August 7, 14, 21, 28 @ 6pm
Registration Fee of \$10 per child (\$25 max per family)

Child's Name: _____ Gender: ___F___M

Date of Birth: _____ Age: ___ Last school grade completed _____

Shirt size: _____

Parent/Guardian Name(s): _____

Street Address: _____

City, State, Zip: _____

Email Address: _____ phone# _____

Emergency Contact

Name: _____ phone#: _____

Relationship _____

Allergies/Medical Information _____

Does the child carry an epi pen with them? YES NO

Dismissal Information:

Name(s) of person(s) other than you who may pick up this child from VBS

1) _____

2) _____

Publicity: May we use your child's picture in our social media which includes our church website and Facebook page?: Please note that we never use names.

YES _____ NO _____

Any other information we should know about your child?

Immanuel United Methodist Church
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