



**UNITED METHODIST  
CHURCH OF DANBURY**

**Vacation Bible School**

**MONDAY, JULY 23 ~  
THURSDAY, JULY 26**

**2018 REGISTRATION FORM**

**THIS IS A SAFE SANCTUARY**

Name(s): \_\_\_\_\_

Name of siblings attending VBS: \_\_\_\_\_ Age(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent(s) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name Emergency Contact (other than parent): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of person(s) who will transport to/from VBS: \_\_\_\_\_

Food Allergies, Medical Allergies or other medical conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

School grade just completed: \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Name of home church (if any) \_\_\_\_\_

Check off Sessions Attending : Monday Tuesday Wednesday Thursday

**\$3.00 per session/per person \$12.00 maximum per session/per family**

\$ \_\_\_\_\_ **Total Payment attached**

Please return completed registration form and payment to:  
**United Methodist Church of Danbury, 5 Clapboard Ridge Road, Danbury, CT 06811**  
[www.danburymethodist.org](http://www.danburymethodist.org) [danburyumc@sbcglobal.net](mailto:danburyumc@sbcglobal.net)