

UNITED METHODIST CHURCH OF DANBURY



VACATION BIBLE SCHOOL

MONDAY, AUGUST 5 -
FRIDAY, AUGUST 9
9:00am-11:30am

2019 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 danburyumc@sbcglobal.net