



Registration Form

(One per Child)

Child's name _____ Child's gender _____

Child's age _____ Date of birth _____ Last school grade completed _____

Name of parent(s) _____

Street address _____

City _____ State _____ ZIP _____

Home phone _____ Work _____ Cell _____

Home email address _____

Home church _____

Pick Up Information

Who may pick up your child at the end of each VBS day?

Does your child require church transportation? Yes No (If Yes, ask for Transportation Form by calling our church office: FMC 979-828-3355 or visit our website @ franklinmethodist.org)

Other Information

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph on the VBS Facebook page? Yes No

Allergies or other medical conditions: _____



In case of emergency, contact _____

Phone _____

Relationship to child _____

If your child has special needs, please ask for our Special Needs **Consideration Form**. This information will help us best meet the needs of your child in VBS.