



# Registration Form

(One Per Child)

## Central United Methodist Church Vacation Bible School

June 24th - June 28th

5:30pm Dinner

6pm to 8pm VBS

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 telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Homechurch: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Others allowed to pick up child \_\_\_\_\_

**Return Completed Form to:**

**Central United Methodist Church  
1501 Massachusetts Street  
Lawrence, KS 66044  
(785) 843-7066**