

Mount Joy Mennonite Church
VBS Registration Form – July 15 - 191, 2012

Use this form to register up to 3 children from the same family.

Family Last Name(s) _____

Parent's First Name(s) _____

Address _____

Home Phone # _____ **Cell Phone #** _____

Congregation you attend _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Other than parents, persons who may pick up my child(ren):

1) Child's Name _____

Grade completed _____ **Birthdate** _____

Allergies/Medical or Other Concerns _____

2) Child's Name _____

Grade completed _____ **Birthdate** _____

Allergies/Medical or Other Concerns _____

3) Child's Name _____

Grade completed _____ **Birthdate** _____

Allergies/Medical or Other Concerns _____

I agree to allow my child(ren) to participate in the 2012 children's VBS program at Mount Joy Mennonite Church and to be photographed for the closing program slide show. I will not hold the church or the staff responsible for accidents or injuries to my child(ren) and give them permission to seek emergency medical treatment for my child(ren if needed).

PARENT'S SIGNATURE _____
DATE