

BUMC VACATION BIBLE SCHOOL REGISTRATION 2018

Name _____

Nick Name _____

Address _____

Phone Number(s) _____

Email _____

Date of Birth _____ Age _____

Grade _____

School _____

Siblings

Mother/Parent _____

Phone _____ Email _____

Father/Parent _____

Phone _____ Email _____

MEDICAL INFORMATION

Food Allergies _____

Other Allergies _____

Medications _____

Pediatrician &
Phone# _____

Comments: _____

Photo Release

I give permission for my child's picture to appear on the Brunswick United Methodist Church website.
(No names will be listed on the website) _____ YES _____ NO

I give permission for my child's picture to appear in a PowerPoint presentation during a Sunday church
service _____ YES _____ NO

Parent Signature

Date

To be returned to Brunswick United Methodist Church, 320 Church Rd., Brunswick, ME 04011
preferably one week prior to VBS. Thank you.