



2025 VBS Registration Form

“Twists and Turns!”

*Please return this completed form by attachment to:

pinevalleyumcjax@gmail.com

Child’s Name _____ DOB/Age _____ Rising Grade _____

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Child’s Name _____ DOB/Age _____ Rising Grade _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____

Email Address _____

Allergies/Medical Information _____

Emergency Contacts (If parents are helping at VBS, indicate where.)

Name _____ Phone _____

Name of person(s) who may pick up child(ren) from VBS each day.

In the event of an emergency, every attempt will be made to contact the parent/guardian. In the absence of a parent/guardian, I authorize the adult leaders to consent to any care rendered necessary under the supervision and advice of a licensed physician and/or dentist.

(please circle one) **I do** **do not** give permission for my child to be photographed for the newspaper and/or church website.

Parent/Guardian Signature: _____ Date _____

Contact Number: _____