

Vacation Bible School Registration

June 20-22 @ St. Andrew's United Methodist Church 1004 Rock Road | DeSoto, Missouri 8 AM—11:30 AM





Child's Name Grade Completed		Birthday _		(One form per child please) _ Age
Parent's Name(s) Home Address Home or Cell Phone			_ Alternative Phone	
Emergency Contact Relationship to Stud Emergency Phone	ent		_ Emergency Alternate Ph	none
Food Allergies Medical Concerns Family Doctor:	□ Yes □ Yes	□ No □ No	If yes, explain	
2. Name				Age Age Age
Church Affiliation			_ Church Membership at	
Person(s) Name(s) v 1. Name 2. Name		up child	DI	
for any lawful purpo	se associated g us the oppor	with this VBS tunity to teach		the minor designated above od and give them the
Parent Signature			Date	