



2018 University United Methodist Church Vacation Bible School

Name of Student _____

Age _____ Birthday _____

Parents' name _____

Address _____

Phone number – home _____ Cell _____

Is your child on medications that need to be taken at the time of VBS? Yes ___ No ___

Any known food allergies, if so, please list _____

Any limitations on physical activities?, Please explain _____

Who will be responsible for picking up your student? Please list anyone other than yourself who is authorized to pick up your child and list their contact number.

Primary person responsible for pickup _____ Cell # _____

Name _____ Cell number _____

Name _____ Cell number _____

I, _____, agree for my child _____ to participate in the UUMC Vacation Bible School. I understand I am responsible for pickup no later than 12:00 PM.

Signed _____ Date _____

Please return signed form to University United Methodist Church Office or mail to University United Methodist Church, 2818 N. University, Peoria, IL 61604 or register on July 23. Call church office with any questions at 688-3486.