

Son Rock Beach Bash VBS August 1-5, 2011

Student Registration

Student Name: _____
Grade he/she is entering in Fall 2011: _____
Birthday: _____
Address: _____ City: _____
Parent Email: _____
Home Church: _____
Landline/Home Phone: _____
Mom's Name/Cell Phone: _____
Dad's Name/Cell Phone: _____
Name/Cell Phone number of person picking up child each day IF other than Mom or Dad: _____
Allergies: _____

Special Requests:

We take pictures throughout the week of VBS. Please sign below if you DO NOT want us to take pictures of your child/children. By leaving this line blank, you are giving us permission to take pictures of your child, which may be used in print and digital format at/for Commerce United Methodist Church.

Parent Signature/Date: _____

(By signing, I DO NOT want my child/children's picture taken during VBS)