



Vacation Bible School 2017
Aurora United Methodist Church

July 16-21 6-8pm Registration Form

**one form per family—return to church office

Family Information:

Parent Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____

Parent e-mail: _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone: _____

_____(initial) I authorize AUMC to obtain immediate care for my child if an emergency occurs

Insurance Provider _____ Policy Number _____

Participant Information (preschool children MUST be 4 by July 31 to participate)

Child's Name: _____

Gender: _____ Date of Birth: _____ Grade Entering: _____

T-Shirt Size (circle one): YXS YS YM YL AS AM AL AXL

Other info (allergies, medical concerns, etc): _____

Child's Name: _____

Gender: _____ Date of Birth: _____ Grade Entering: _____

T-Shirt Size (circle one): YXS YS YM YL AS AM AL AXL

Other info (allergies, medical concerns, etc): _____

*Additional space on back for more children

Child's Name: _____

Gender: _____ Date of Birth: _____ Grade Entering: _____

T-Shirt Size (circle one): YXS YS YM YL AS AM AL AXL

Other info (allergies, medical concerns, etc): _____

Child's Name: _____

Gender: _____ Date of Birth: _____ Grade Entering: _____

T-Shirt Size (circle one): YXS YS YM YL AS AM AL AXL

Other info (allergies, medical concerns, etc): _____

Child's Name: _____

Gender: _____ Date of Birth: _____ Grade Entering: _____

T-Shirt Size (circle one): YXS YS YM YL AS AM AL AXL

Other info (allergies, medical concerns, etc): _____