



Vacation Bible School 2018  
Aurora United Methodist Church  
July 15-20 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): \_\_\_\_\_