

Email completed form:
ppumcoffice@gmail.com

PT. PLEASANT United Methodist Church
3329 Pt. Pleasant Rd. EG 95757 Phone: 684-2033
Email: ppumcoffice@gmail.com

Vacation Bible School Registration – Ages 3 – 12 July 11-15, 2016

This form must be completed to include each child that plans to attend.

Name _____ last grade completed: K, 1, 2, 3, 4, 5, 6 age _____ birthdate _____

Name _____ last grade completed: K, 1, 2, 3, 4, 5, 6 age _____ birthdate _____

Name _____ last grade completed: K, 1, 2, 3, 4, 5, 6 age _____ birthdate _____

Parent/Guardian: _____ Email _____

Address _____
(Street) (City) (Zip Code) (Phone)

Preferred manner of contact: Email _____ Phone _____ Text _____ Mail sent to home _____

PERMISSION AND MEDICAL RELEASE FORM

I give my permission for my daughter/son _____ to attend
Vacation Bible School July 11th – July 15th from 3:00 - 6:00 p.m. at Point Pleasant United Methodist Church.

Parent or Guardian Signature

Date signed

Medical Information

Phone # where parent can be reached during VBS _____

Person to call if parent is unavailable _____ phone # _____

Insurance company _____ policy / group # _____

Doctor _____ phone # _____

Any Medical Problems or Allergies _____

Date of last tetanus shot _____

I understand that neither the church nor the activity coordinator will be held responsible for any injury or accident affecting my daughter / son. I do give permission for her / him to be treated medically in case of an accident or injury.

Parent or Guardian Signature

Date Signed

Church Affiliation _____

Invited to Pt. Pleasant VBS by _____

**A Donation of
\$15.00 per child or
\$30.00 per family is
requested**