



# VBS Registration Form

Knight's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Home Church (if any) \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

**Special Needs/Allergies/Medical Information/Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_

\_\_\_\_\_

**Photo Release:** \_\_\_\_\_ Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's signature:** \_\_\_\_\_

- - - - - (for church use only) - - - - -

Assigned to Knight Group: \_\_\_\_\_

Are family members helping with Knights of North Castle? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**LMUMC Vacation Bible School fee is \$5/child or \$10/family(2 or more children). Please include your payment with the registration form. Contact Kam at [youth@lakemillsumc.org](mailto:youth@lakemillsumc.org) or (616)232-9282 for questions.**