

VBS 2010 Registration Form

(please print clearly)

Child's Name: _____ Date of Birth: _____

School Grade Child will enter in September 2010: _____

Child's Address: _____

Child's Home Phone Number: _____

Parents' name(s): _____

Parents' Cell Phone number(s) : _____

Emergency Contact Person and telephone numbers to call
if Parents cannot be reached: _____

Child's Allergies or Medical Conditions: _____

Name of Church you attend regularly: _____

Additional Children in Family (residing at same address) registering for VBS:

2. Child's Name: _____ Date of Birth: _____

School Grade Child will enter in September 2009: _____

Child's Allergies or Medical Conditions: _____

3. Child's Name: _____ Date of Birth: _____

School Grade Child will enter in September 2009: _____

Child's Allergies or Medical Conditions: _____

Please submit Registration Forms and payment to The Babylon United Methodist Church Office, 21 James Street, Babylon, NY 11702. So that we will have enough supplies, please register by July 30, 2010 . After July 30th the fee is \$33.00. You will receive a confirmation once registration is received. If you have questions, please call Patti smith at (631)321-7025.