



VACATION BIBLE SCHOOL AT SSUMC

JULY 10-14, 2017 9-11:30AM

Child's Name _____

Date of Birth _____ Age _____ School Grade as of 9/2016 _____

Parent/Guardian #1 Name _____

Phone 1 _____ Phone 2 _____

E-mail _____

Parent/Guardian #2 Name _____

Phone 1 _____ Phone 2 _____

E-mail _____

Family Address _____

Emergency Contact Name	Relationship to child	Phone number
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Home Church _____

Sibling names and ages _____

Allergies _____

Other health/medical information _____

Photos and videos of my child engaged in VBS activities may be used on SSUMC social

media and website. Yes No

VBS Cost: \$30 per child, no more than \$60 per family. Scholarships available. Please call 584-3720 x117 or e-mail christianed@saratogaumc.org for more information. Please make checks payable to SSUMC.

Date received: _____ Paid amount _____