

Shipwrecked Registration Form

Leesville United Methodist Church Sunday July 22 - Thursday July 26 Time: 6:00 pm - 8:45 pm

Parent/Guardian First Name

Parent/Guardian Last Name

Participant First Name

Participant Last Name

Gender (Circle One): Female Male

Grade: Please circle the grade the student will be entering this fall.

Age 3-5

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Street Address or PO Box

City

State

Zip Code

() -

Contact Phone Number 1

() -

Contact Phone Number 2

Parent/Guardian Email

Emergency Contact Name

() -

Emergency Contact Phone Number

Do we have permission to use your child's photo? Circle one: Yes No

Other than you, who may pick up your child from VBS?

Medical Information (Include allergies. Put NA if there is none in which we need to be aware):

Would you like to receive more information about any upcoming children's programs offered by Leesville United Methodist Church?

Circle one: Yes No