

St. Vincent United Church of Christ
Phoenixville, PA

VBS Registration Form - 2010



Child's Name: _____ Birth Date: _____ Grade (2010-2011): _____
Allergies & Other Medical Conditions: _____

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Child's Name: _____ Birth Date: _____ Grade (2010-2011): _____
Allergies & Other Medical Conditions: _____

Parent/Guardian Name: _____
Address: _____
Home Phone: _____ - _____ - _____ Other Phone (cell/work/_____): _____ - _____ - _____
e-mail: _____ Home Church: _____

Parent/Guardian Name: _____
Address: _____
Home Phone: _____ - _____ - _____ Other Phone (cell/work/_____): _____ - _____ - _____
e-mail: _____ Home Church: _____

Emergency Contacts:
Name: _____ Relationship: _____ Phone: _____ - _____ - _____
Name: _____ Relationship: _____ Phone: _____ - _____ - _____

List any additional persons who may pick up your child/children from church events: _____

Information that may be helpful for us to know about your child/children: _____

- ☞ I give St. Vincent UCC permission to have my child/children transported to a healthcare facility and/or to receive emergency medical care (circle one: Yes / No).
- ☞ From time to time, pictures are taken at church activities. To help promote VBS to other youth, parents, the general membership, and our community we are asking your permission to publish pictures of church activities that might include a photograph of your child. I give St. Vincent UCC permission to use photographs of my child/children in church publications (circle one: Yes / No).

Parent/Guardian Signature: _____ Date: _____

Mail this form to: St. Vincent UCC; PO Box 454; Phoenixville, PA 19460
Office@StVincentUCC.org; www.StVincentUCC.org; 610-933-4243