

Buckingham United Methodist Church

VBS 2018

Registration Form



July 12–15, 2018

9:00 am–12:00 pm

Student's Name: _____ Sex: M ___ F ___

Parent/Family/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Age Information: DOB: _____ Age: _____ Last grade completed: _____

Allergies, medical conditions, special needs: _____

Dismissal Information:

Names(s) of person(s) who may pick up child from VBS:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of medical emergency, do we have your permission to transport you to the nearest medical facility? Y: ___ N: ___

My picture(s) may appear in church/news publications: Y ___ N ___

Signature: _____ Church Affiliation: _____

Buckingham United Methodist Church
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