

2025 VBS REGISTRATION FORM- PLEASE RETURN BY JULY 13, 2025

FIRST UNITED METHODIST CHURCH WEST ALLIS

Child's Name _____

Child's Age _____ Date of Birth _____ Last School Grade Completed _____

Name of Parent/Guardian

Street Address _____

City _____ State _____ Zip _____

Phone/Cell Phone Number

In case of emergency, contact _____

Relationship to child _____

Allergies or other medical conditions/any special needs _____

For the safety of the children, please indicate who will be picking up your child each day (relationship to child)

I acknowledge that I am the parent or legal guardian of the child, and I release First United Methodist Church West Allis and its agents, employees, representatives, and volunteer workers from any and all liability if my child is injured July 21-25, 2025, during any VBS activity. I give permission to photograph/video my child during VBS and to use such photographs/videos in all forms of media, including crafts, class pictures, videos/slideshows, websites, newsletters, and displays.

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE EMERGENCY MEDICAL FORM ON THE REVERSE SIDE