



PFUMC VBS • June 6-10, 2011
Registration Form
Pre-school* thru Rising 5th Graders
(One Per Child)
***potty trained pre-schoolers only**

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s)/guardian(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Food allergies: _____

Other medical conditions: _____

Home church: _____

Return this completed form, along with the medical release form, to Powers Ferry UMC, 245 Powers Ferry Road, Marietta, GA 30067, or fax it to 770-973-5958, to the attention of Michelle McRee.

Crew name (for church use only): _____