



VBS July 6-10, 2009

East Longmeadow United Methodist Church

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

E-mail Address: _____

Phone Numbers: Home _____ Cell _____ Other _____

Child's Date of Birth: _____ Age: _____

Last school grade completed: _____

Home Church: _____

Allergies/Medical
Information/Other: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Information-Name(s) of person(s) who may pick up this child from VBS:

Experience + Discover God Everywhere

Suggested offering is \$10 per child or \$20 per family to help offset the cost of VBS. There is no fee to participate. Please make checks out to ELUMC, with VBS in the memo line.