



Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent(s) Name(s): _____

Email Address: _____

Allergies/Medical Conditions:

Special Requests:

In case of emergency, contact: _____

Name of home church, if any: _____

Please make checks payable to:

Jonesville United Methodist Church (In memo: "VBS 2018" & child's name)

\$15 per child, \$25 per family

Paid _____ Not Paid _____

Check No. _____

***Please Note: In order to insure the safety of every child, we have instituted a policy - If your child has a food allergy, we ask that you please provide their nightly meal. Thank you for your understanding!