



VBS 2010 Registration Kindergarten - Grade 5

Jones Road | July 19 - 23
9:00 a.m. - 12:00 p.m.

PLEASE PRINT LEGIBLY.

Parent's Name(s): _____

Address: _____ City/ZIP: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

*Are you a member of The MET? YES NO

If not, do you attend another church, which one? _____

Will you be volunteering at VBS? YES NO

If YES, please let us know in which area. CHILDREN (grade school/K-5) PRESCHOOL (Babies - 5 yrs. old)

I am unable to volunteer but would like to donate food or money for the hospitality suite. YES NO

Name: _____ M F Grade as of 9/1/09: K 1 2 3 4 5

Birthday: ___ / ___ / ___ Allergies: _____ Smilemakers (special needs): YES NO

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Birthday: ___ / ___ / ___ Allergies: _____ Smilemakers (special needs): YES NO

OTHER THAN YOURSELF, WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Phone#: _____

Name: _____ Phone#: _____

BESIDES YOURSELF, PLEASE LIST ANY OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD(REN).

PLEASE NOTE that ANYONE listed below must have the security ticket for your child in order for your child to be released to that person. ANYONE picking up a child without the security ticket will need to stop by the welcome center and show a valid driver's license in order to obtain a release for your child.

Name: _____ Name: _____

Name: _____ Name: _____

I understand that photos and videos of my child(ren) may be taken for use in The MET's publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web on The MET's website.

Parent Signature: _____ Date: _____