

Satellite Beach UMC VBS Registration Form

July 16-20

9:00-NOON

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Email: _____

Phone Number(s): _____

Child's DOB: _____ Age: _____ Last grade completed: _____

Home Church: _____

Allergies/Reaction: _____

Medical Condition(s), if any: _____

Emergency Contact: _____

Emergency Contact's Number: _____

Name(s) of person(s) who may pick up at dismissal:

Sibling(s) participating: _____

Additional info: _____

Questions? Please contact our Children's Ministry Director -
Shawna Brkich: 321-777-0116 / shawnab@sbumc.net