



Satellite Beach UMC VBS Registration Form
7/15/19 – 7/19/19

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 / shawnab@sbumc.net or 321-777-0116