



**Satellite Beach United Methodist Church  
VBS Registration Form  
7.26.21 - 7.30.21**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Sibling(s) participating: \_\_\_\_\_

Allergies/Reaction: \_\_\_\_\_

Medical Condition(s), if any: \_\_\_\_\_

Emergency Contact/Number: \_\_\_\_\_

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

Additional info: \_\_\_\_\_

**Questions? Please email our Director: [shawnab@sbumc.net](mailto:shawnab@sbumc.net)**