Jackson United Methodist Church/Cornerstone Presbyterian Church 2015 VBS Registration Form

Name of Parent(s)/Guardian(s):		
Home Phone:	Email Address:	
Mother's Cell Phone:	Father's Cell Phone:	
Address:	City:	Zip:
What church do you attend? (if any):		
Name (List Each Child)	Birthdate	Grade
1		
2		
3		
4		
EMERGENCY INFORMATION Emergency contact person in event pa		
	Phone:	
MEDICAL Does your child(ren) have any allergic	es or medical problems we should be aware , and treatment method or medical problem e and we may have class outdoors.	of? YESNO
(Please use other side for more space)		
services. These pictures are sometime accessible by the public. Names of th Jackson UMC or Cornerstone do not p	nildren in our classrooms, during special eves posted online on our website and social me children pictured are not posted. Howe post a picture of your child, please check the any photos accessible through jacksonumc.org,	nedia pages, which are ver, if you wish that e box below:
	.com/jackson_umc, or cornerstonechurchofjack	