

Vacation Bible School Registration Form

Name: _____

Address: _____

Name of Parents: _____

Phone #'s (h) _____ (w) _____
(cell) _____

Date of birth: _____ Age: _____

Last school grade completed: _____

Home Church: _____

Allergies/medical information or other concerns:

Emergency contact:
Name: _____ Phone: _____

Who will pick up the child each day: _____

First UMC of Bonham
801 Star Street
903-583-3314
Fumcbonham.office@gmail.com