



**SHERIDAN FIRST UNITED METHODIST CHURCH
CAMP OUT VBS
REGISTRATION FORM**

Child's Name _____

Date of Birth _____ Age _____ Grade Completed _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Email: _____

Emergency Contact Name _____

Provide names and contact numbers for anyone authorized to drop off/pick up child:

Please check the appropriate box if photographs of your child are permissible and allowable on our church website/Facebook page.

Yes [] No []

Special Needs or Requests (please include food allergies)

Parent Signature _____ Date _____