



# First United Methodist Church of Tracy

## REGISTRATION FORM

(one per child)

Vacation Bible School - July 13<sup>th</sup> – 17<sup>th</sup> 6:00 p.m. – 8:00 p.m.

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

Child's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent / caregiver's cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies of other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

Bayou Crew number (for church use only): \_\_\_\_\_