



Smithville Mennonite Church
Vacation Bible School Registration
June 11 - 15, 2017
6:30 p.m. to 8:30 p.m.

Parent's Information

Name of parents or primary caregiver _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Do you regularly attend church? If yes, where? _____

Child's Information

Child's name _____

Birthday _____ Last grade completed in school _____

Medical concerns or allergies _____

Child's name _____

Birthday _____ Last grade completed in school _____

Medical concerns or allergies _____

Child's name _____

Birthday _____ Last grade completed in school _____

Medical concerns or allergies _____

Waiver of Responsibility

I give my permission for all children listed above to participate in Vacation Bible School at Smithville Mennonite Church. I understand that Smithville Mennonite Church and the VBS volunteers will not be held responsible for injury, etc, should an accident occur. I grant permission for emergency medical attention should I be unable to be reached.

Parent

Signature _____ Date _____