



Vacation Bible 2025 Registration Form

June 16-19  
First United Methodist Church  
200 S. Walnut St.  
6:00-7:30

**Please make sure to complete both sides**

Child's name \_\_\_\_\_

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

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

Address(include city if not Taylorville): \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

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

Allergies, medical conditions, or special needs:  
\_\_\_\_\_

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

Relationship to child/Phone: \_\_\_\_\_

I give permission for pictures of my child to be used on church website/social media: Yes/No

Please list who is authorized to pick up child:

Parent/guardian signature: \_\_\_\_\_