



**Registration Form for Dutilh UMC's and Mars UMC's
Vacation Bible School - at Dutilh UMC (See back for volunteer registration.)
For ages 3 years through 5th grade (Child Must be Completely Potty-Trained)**

Parent's/Caregiver's Name: _____

Address: _____ City _____ State _____ Zip _____

Home Telephone: _____ Home e-mail: _____

In case of emergency, contact: _____

How did you hear about VBS?: _____ Home Church: _____

Names of up to 3 people that are permitted to pick up your child (including parents):

1. _____ 2. _____ 3. _____

VBS Session Desired: _____ July 14-18th, 2008 - 9:00 am - Noon (Mon. - Fri.) OR
_____ July 20-24th, 2008 - 6:00 - 8:30 PM (Sun. - Thurs.)

Please note: Members of the news media are invited and may choose to cover this event.

If you do not wish to take part in any news coverage, please check here: _____

The VBS staff will be taking pictures throughout the week to be used in a slide show presentation within the church only. If you do not wish to have your child's picture taken at all, please check here: _____

1st Child's Name: _____ Male or Female: _____

Age: _____ Date of birth: _____ School grade completed (as of June 08): _____

Preschool Kids: Completed 3's or 4's: _____ Year entering Kindergarten: _____

Allergies or other medical conditions: _____

*Name of ONE friend (same age/grade) your child might like to be with: _____

**Tee shirt size: Child S M L or Adult S M L

2nd Child's Name: _____ Male or Female: _____

Age: _____ Date of birth: _____ School grade completed (as of June 08): _____

Preschool Kids: Completed 3's or 4's: _____ Year entering Kindergarten: _____

Allergies or other medical conditions: _____

*Name of ONE friend (same age/grade) your child might like to be with: _____

**Tee shirt size: Child S M L or Adult S M L

3rd Child's Name: _____ Male or Female: _____

Age: _____ Date of birth: _____ School grade completed (as of June 08): _____

Preschool Kids: Completed 3's or 4's: _____ Year entering Kindergarten: _____

Allergies or other medical conditions: _____

*Name of ONE friend (same age/grade) your child might like to be with: _____

**Tee shirt size: Child S M L or Adult S M L

Cost: \$15/child if you register by April 30th. (\$10/child if parent volunteers)

\$20/child if you register between May 1st and June 15th. (\$15/child if parent volunteers)

\$25/child if you register June 15th or later. (\$20/child if parent volunteers)

(Scholarships available - contact church office at 724-776-1094)

Note: Payment must accompany registration - Thank you

Please make checks payable to: Dutilh United Methodist Church and mark memo: "VBS".

Mail to: 1270 Dutilh Road, Cranberry Township, PA 16066.

Questions? Contact Children's Ministry Director at 724.776.1094 ext. 23 or ChildrenMinistry@dutilhumc.org

*We may not be able to place your child with his/her friend if your registration is received after 6/15/08

**We may not be able to give your child the requested T-Shirt size if your registration is received after 6/15/08