



**Grace United Methodist Church  
Vacation Bible School Registration Form**

**Sunday, June 27 - Thursday, July 1, 2010**

**5:30 – 7:45 p.m.**

**VBS is for preschool (age 3) through 5<sup>th</sup> grade (completed).**

**Preschool children need to be potty trained.**



**Cost is \$15 per child with a maximum of \$35 per family, if you register on or before June 13. After June 13 the cost is \$17 per child. Please make checks payable to Grace United Methodist Church with VBS in the memo section. Return this form with payment to the church office or mail it to Grace UMC – VBS, 3700 Cottage Grove, Des Moines, IA 50311. Scholarships are available. Questions regarding scholarships may be directed to Kathye Harrington-Taber at 255-2131 or [kathyeht@gracedesmoines.org](mailto:kathyeht@gracedesmoines.org).**

**Registration Information – If you need more room, please use an additional piece of paper.**

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

**How many children and adults will eat dinner each night?**

**Sunday** \_\_\_\_\_ **Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_

**Parent/Guardian Information**

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Phone Numbers** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Home Church** \_\_\_\_\_

I would like to volunteer to help during VBS. Please contact me with additional details.

***Please fill out the information on the reserve side.***

**Allergies/Medical Information/Other – Please attach an additional sheet if needed.**

---

---

**Emergency Contacts** – Please list who we should contact in the event of an emergency during VBS.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

In addition to me, the following people may pick up my child/children from VBS.

---

---

**Scholarships**

- We would like additional information on receiving a scholarship offered for Vacation Bible School. (Or, you may call Kathy Harrington-Taber at 255-2131 for more information.)
- We would like to donate \$\_\_\_\_\_ in order to help provide scholarships so that a child or family may attend VBS. (Please include amount of your scholarship with your check.)

**Children will be grouped by age and will travel with a chaperone and group to various stations throughout the church during VBS. If there is a friend in your child's/children's age group with whom they should be paired, please list the friends name below.**

---

I give permission for my child's picture to be used in church materials.

Yes                       No

I would like a VBS music CD with computer games. Cost is \$5.

Yes                       No

.....  
**For church use only**

Camp Group \_\_\_\_\_

Are parents/guardians helping with Galactic Blast: A Cosmic Adventure Praising God.

Yes                       No

If yes, where? \_\_\_\_\_