



VBS July 22-26
6:00-8:30 PM
Mt. Nittany UMC

Family Name _____ Phone Number _____

Address _____ City _____ zip _____

Parents Names _____

Email _____

Child's Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any allergies or medical conditions we need to know about? _____

May we photograph your children? YES NO

What church do you attend? _____

All information on this form is correct.

(Parents signature)

(date)