



GRAYS CHAPEL | **UNITED METHODIST CHURCH**

Vacation Bible School Registration Form 2021



Student's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Last School Grade Completed: _____

Parent/Guardian Name: _____ Phone: (____) _____

Email: _____ Alt. Phone: (____) _____

Address: _____

Emergency Contact Name: _____ Phone: (____) _____

Allergies / Medical Concerns: _____
