



**First UMC of Torrance
Vacation Bible School
June 26-June 30th
Registration**

Child's Name: _____ **Age:** _____ **Grade In Fall:** _____

Parent(s) Name(s): _____

Phone Numbers (please give at least 2):

Who is authorized to pick up your child?

Emergency Contact Name: _____

Phone Number: _____

Does your child have any allergies or health concerns that we should be aware of?

Do we have permission to photograph your child? Yes/No

Do we have permission to use your child's photographs in slide shows and on the church Facebook page? Yes/No

T-Shirt Size: YS YM YL YXL AS AM AL AXL

****Please note that children cannot be dropped off before 5:00pm each night and must be picked up at 8:00pm each night.****

Parent Signature: _____ **Date:** _____