

St. Peter's Evangelical UCC—God's Love is Everywhere

VBS Registration Form 2024

FOR AGES 4-12 YEARS OLD

Child's Name: _____ Age: _____ Grade Completed: _____

Child's Name: _____ Age: _____ Grade Completed: _____

Child's Name: _____ Age: _____ Grade Completed: _____

Child's Name: _____ Age: _____ Grade Completed: _____

Parent/Guardian Name: _____

Address: _____

E-Mail Address: _____

Phone Numbers: Home _____ Cell _____ Work _____

Home Church (if applicable): _____

Allergies/Health Information

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Dismissal Information

Name(s) of person(s) who may pick up my child/children from VBS each day.

I give **St. Peter's Evangelical UCC** permission to take photos of my child during VBS and to use these photos on its website and for promotional purposes. I release and agree to hold harmless **St. Peter's Evangelical UCC** and its leaders from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred while participating.

Parent/Guardian Signature: _____ Date: _____



St. Peter's Evangelical UCC
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You may email completed & signed form to: pastor@stpetersucc.us