



@ Belmont United Methodist Church

Wednesday Evenings during the School Year 2022-2023

6:30-8:00pm

STUDENT REGISTRATION FORM

Director Contact: Rebekah Fultz, (937) 802-4601

(Please Print)

1. Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

2. Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

3. Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

4. Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Preferred Hospital: _____ Phone _____

Allergies or Special Needs _____

I, _____, give Belmont UMC permission to call for emergency services and authorize transport for medical services in the event of an emergency. I release Belmont UMC from liability in the event of accident or injury that results by participating in VBS activities.

Relationship to children: _____

OTHER INFORMATION

Who will be responsible for picking up your children? (If different from above)

Name _____ Relationship _____

I (circle one) DO/DO NOT give permission to photograph.

Parent/Guardian Signature _____ Date _____

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