



# God Gave Us Christmas

## Vacation Bible School Registration

**Saturday, December 15th (10-2pm) at Meridian United Methodist Church  
Main sanctuary**

Please fill out completely and return to church office or to Sharon Allison,  
Minister of Children at 888-2245

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Church Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Who is permitted to pick up child(ren)? \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Grouping is by age/grade level. Any requested pals? \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_





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Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Blessings,

Sharon Allison

