

McMannen United Methodist Church



STUDENT REGISTRATION FORM

(Please Print)

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade ('25/'26) _____

Parent/Guardian Name _____

Email _____

Cell Number _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name _____ Relationship _____

Name _____ Relationship _____

Permission to use your child's photo in church newsletter & online: YES _____ NO _____

Parent/Guardian Signature _____ Date _____

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For more information contact: info@mcmannenumc.org