



First United Methodist Church, London VBS [REGISTRATION FORM](#)

Parents Name: \_\_\_\_\_ Child(ren) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Child(ren) Birthday: \_\_\_\_\_ Child(ren) Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_



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