

REGISTRATION: VBS

*Marketplace 29
A Bible Times Experience*



Name of Child:	Age:	Grade next year:

Street Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Allergies or other medical conditions: _____

Who has permission to pick up child/children? _____

Do we have permission to take your child/children's picture for a take-home craft? _____

*Hayesville U. M. Church
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Hayesville, OH 44838
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