

# Belin Memorial Vacation Bible School Registration



HOPE



June 24 - 28, 2018

5:30 PM - 8 PM

At Belin Family Life Center



BEACON

Child's Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_  
month day year entering in fall of 2018

**Child must be 4 years old by June 24, 2018 and fully potty trained.**

Mailing Address \_\_\_\_\_  
Number and Street City State Zip

Parent's Email Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Mother's Info \_\_\_\_\_  
Name Telephone during VBS hours

Father's Info \_\_\_\_\_  
Name Telephone during VBS hours

Emergency Contact Info \_\_\_\_\_  
Name Telephone during VBS hours

Allergies or medical conditions which may limit activity \_\_\_\_\_

I agree that photographs and/or video recording of Vacation Bible School activities which may include my child may be used for promotional or informational purposes  Yes  No

Are parents/child members of Belin Memorial?  Yes  No

Please check box if you would like to volunteer at Vacation Bible School

Your signature below indicates your agreement to the following terms: I understand that space in Belin Memorial's Vacation Bible School is limited to 200 children. I understand that it is my responsibility to have an adult personally deliver and pick up my child each day to/from the designated adult/s in charge at the designated times (no outside drop offs).

Signed \_\_\_\_\_ Date \_\_\_\_\_



**BELIN MEMORIAL UNITED METHODIST CHURCH**

Mailing: PO Box 528, Murrells Inlet, SC 29576 Office: 4182 Highway 17 Business, Murrells Inlet, SC 29576  
PHONE: 843.651.5099 FAX: 843.651.4179 WEBSITE: www.belinumc.org EMAIL: info@belinumc.org