



SALEM UNITED METHODIST CHURCH
 2269 Seven Mile Ferry Road
 Clarksville, TN 37040
 (931) 645-2544
salem@salemumc.us
 Website: www.salemmethodistchurch.com

2017 VACATION BIBLE SCHOOL REGISTRATION FORM

(Please complete ONE form per child. Thanks!)

Name _____ Age _____

Entering Grade in August: K 1 2 3 4 5 6

Allergies _____

Health Conditions _____

Complete

Home Address _____

Parents'/Guardians'

Name(s) _____

Home Phone # _____ Mom' Cell Phone # _____ Dad's Cell Phone # _____

Phone # _____ Phone # _____ Phone # _____

e-Mail Address _____

_____ I will take advantage of the "Parents' Lounge" while waiting, 6:00-8:00 each night.

_____ My child/children need(s) transportation to and from VBS.

_____ I am willing to volunteer as a helper.

_____ I have completed "Safe Sanctuaries" training.

Please mail this form to SALEM UMC at the above address. Thank you.