



VBS "Encanto" Registration

**Second Avenue
United Methodist Church
801 East Second Avenue
Rome, GA 30161
Phone: 706-234-6406**

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____

In case of emergency, contact: _____ Relationship to child: _____

Allergies or other medical conditions: _____

Parental/Guardian Consent: In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to Second Avenue UMC to seek and authorize emergency medical care to be given to my child named above.

Parent Signature: _____ Parent Name: _____

Home Church: _____