Lexington United Methodist Church
Vacation Bible School 2009
Registration Form

***Please fill out one form for each child**

Name of Child_____

Date of Birth_____ Grade Completed_____ Age_____

Parent/Guardian_____

Home Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____

E-mail_____

Emergency Contact Person_____

Relationship to Child_____ Telephone Number_____

Allergies (especially food allergies) _____

_____

_____

Other Helpful Information (illnesses, medications, activity restriction, etc.)_____

_____

_____

Checks may be made payable to Lexington United Methodist Church.
Forms and registration fees can be mailed to: **Lexington United Methodist Church**
2600 Massachusetts Ave.
Lexington, MA 02421

We are in need of volunteers in any capacity (teach, prepare snacks, supervise children, provide supplies). You do not need to volunteer for all 4 days - any amount of time is welcome – teenagers welcome too! If you can help out, please put your name, phone number, and preferred activity here:

_____