

PLEASE PRINT

Child's Name(s) _____ **Grade completed** _____ **Age (time of VBS)** _____

Guardian(s) Names: _____

Full Address: _____

Email: _____

Home No.: (____) _____ **Cell No.:** (____) _____

In case of emergency, contact: _____

Emergency No.: (____) _____

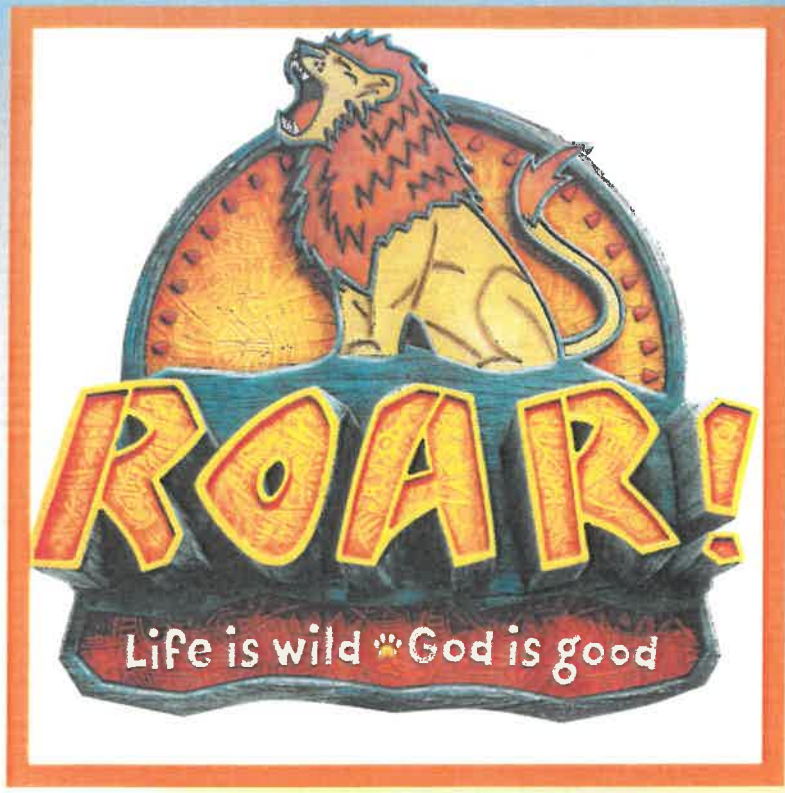
Allergies or medical conditions: _____

Home Church: _____

Where did you hear about us? _____

Please check this box if you do not grant St. Matthew U.M.C. permission to photograph your child for use of promotional material. Initials _____

**St. Matthew U.M.C., 1200 Moreland Dr., Belleville, IL
(618) 397-5994 www.stmatthewumc.org**



JUNE
10 - 14
9 AM - 12 PM

3 YEARS. —
FINISHING 6TH GR.

FREE
VACATION
BIBLE
SCHOOL

Join us on June 14 at 6:00 pm for our **ROAR!** Closing Celebration!