

**Bally Mennonite Church**  
**2023 Vacation Bible School Registration Form**  
**P.O. Box 109, 1481 Route 100**  
**Bally, PA 19503**

**610-845-7780**

**www.ballymc.org**

**churchoffice@ballymc.org**

Please complete a separate form for each child participating in VBS.  
 Mail back, drop off, or email to BMC to be registered.

**DEADLINE IS JUNE 12, 2023.**

**General Information**

Child's Name:	Date of Birth:
Grade Completed:	Age:
Parent/Guardian:	
Home Address:	
City/State/Zip:	
E-Mail Address:	
Phone Number for Parent/Guardian While Child is in VBS:	
Home Church:	

**Medical Information**

Emergency Contact:
Relation to Child:
Emergency Contact Number:

**Please join us for a family lunch after Bible School on Friday June 23, 2023 @ 11:30am!**

\_\_\_\_\_ **YES! We plan to stay for lunch # of Kids \_\_\_\_\_ # of adults \_\_\_\_\_**  
 \_\_\_\_\_ **No, we are unable to stay for lunch**

Please list any known allergies/medical conditions/prescription medications/physical restrictions that the VBS staff should be aware of:

---

In the event of illness, injury, or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, I/We the undersigned, parent(s)/ legal guardian(s) of \_\_\_\_\_, a MINOR, do hereby authorize the church leaders (including VBS Leaders or Pastor) to consent to any medical treatment at a hospital or other health care provider which is deemed appropriate under the circumstances by such church leader.

I/We \_\_\_\_\_ the parent(s)/legal guardian(s) of the above-named child, hereby give my/our consent to child participation in Bally Mennonite's Vacation Bible School.

---

Parent/Guardian Signature

Date