



VACATION BIBLE SCHOOL  
June 20 -24, 2011  
9 a.m. – 11:30 a.m.

# Registration Form

For Students Completing  
Pre-K through 6<sup>th</sup> grade

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Age Information**

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Home Church \_\_\_\_\_

**Allergies/Medical Information/Other**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

Name(s) of person(s) who may pick up this child from VBS

\_\_\_\_\_

Permission to use child's VBS photo in print and electronic media. Yes\_\_ No\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN REGISTRATION TO SEWARD UNITED METHODIST CHURCH  
1400 N. 5<sup>th</sup>  
SEWARD, NE 68434

Questions? Call 402-643-4156

**SEWARD UNITED METHODIST CHURCH  
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER**

I (we) hereby authorize **Seward United Methodist Church** to initiate **DEBIT** entries to my (our) account indicated below on a **MONTHLY** basis, drawn the 1<sup>st</sup> business day of each month, in the amount of:

\$ \_\_\_\_\_ for the General Fund

\$ \_\_\_\_\_ for the Property Maintenance Fund (Trustees)

\$ \_\_\_\_\_ for Mission Shares (Apportionments)

This electronic fund transfer will be for \$ \_\_\_\_\_ per month. The first transfer is to begin in the month of \_\_\_\_\_.

Depository Name (Bank Name) _____			
Branch _____			
City _____	State _____	Zip _____	
Transit/ABA No. _____			
Account No. _____			
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
<b>**ATTACH VOIDED CHECK TO THIS AUTHORIZATION FOR VERIFICATION**</b>			

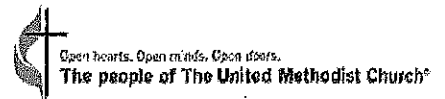
This authority is to remain in full force and effect until \_\_\_\_\_ (month/year)  
Or

This authority is to remain in full force and effect until SEWARD UNITED METHODIST CHURCH and the bank listed above have received written notification from me (or either of us) of its termination in such time and in such manner as to afford SEWARD UNITED METHODIST CHURCH and DEPOSITORY a reasonable opportunity to act on it.

Donor name (print) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



**\*\*Return form along with voided check to: Financial Secretary, SUMC, 1400 N. 5<sup>th</sup>, Seward, NE 68434**