



Voyager Registration Form

Student's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Birth Date _____ Age _____ Grade entering in fall/School _____

Home Church (if any) _____

Friends of your child at Aldersgate UMC or in VBS (if any): _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts (other than numbers provided above)

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may (or may NOT) pick up this child from VBS _____

Child's T-shirt size _____ Approximate number attending Family Dinners _____

Photo Release: YES NO (circle one) Aldersgate UMC has my permission to use my child's photograph publicly in VBS-related materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

----- (for church use only) -----

Assigned to Voyager Group: _____

Are family members helping with To Mars and Beyond? If yes, where? _____