



June 8-12, 2026
9-11:45 a.m.



No child will be permitted to attend VBS without this completed registration form.
 *All children must be 4 years old to attend.

Return by May 5
To the address below

Family Information
 (Please Print Legibly)

Parent/ Guardian
 Last Name _____ First Name _____

Additional persons authorized to pick up your child(ren) _____

Street Address _____ City _____

State _____ Zip Code _____ Email _____

Home/Cell Phone _____ Alternate Emergency Phone _____

Child(ren) Attending and Medical Information

(Please Print Legibly)

Does your child have special needs we should know about? If yes, please explain _____

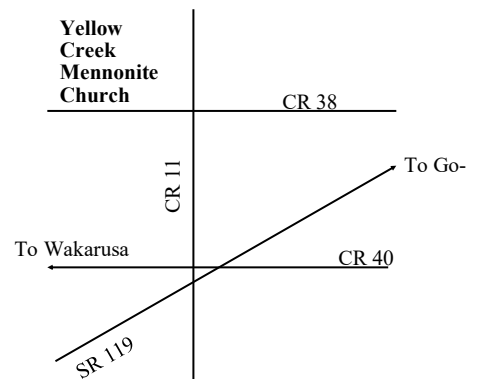
First Name	Last Name	Age	Birth Date	Grade Completed	Food/Drug Allergies

First Name	Last Name	Age	Birth Date	Grade Completed	Food/Drug Allergies

First Name	Last Name	Age	Birth Date	Grade Completed	Food/Drug Allergies

First Name	Last Name	Age	Birth Date	Grade Completed	Food/Drug Allergies

Please return to the church office:
64901 CR 11
Goshen, IN 46526
 or
Email: info@yellowcreekmc.org



Please enter and pick up your child(ren) at the west end of the church under the carport.

PLEASE TURN OVER THIS FORM AND COMPLETE THE PARENTAL CONSENT FORM →

Vacation Bible School June 8-12, 2026



Yellow Creek Mennonite Church

64901 CR 11
Goshen, IN 46526

For children who are age 4 through children who have completed Grade 5.

9 to 11:45 a.m. each day

Goshen, IN 46526
64901 CR 11



Parental Consent Form

The undersigned does hereby give permission for _____ to attend and participate in Vacation Bible School activities sponsored by Yellow Creek Mennonite Church for 2026. By giving permission for your child to attend Yellow Creek Mennonite Church's Vacation Bible School, you also release any photos for future publications.

My Authorization

I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and /or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event a medical intervention might be needed. I understand all reasonable safety precautions will be taken at all times by the children's staff of Yellow Creek Mennonite Church's Vacation Bible School. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Yellow Creek Mennonite Church its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____