



Registration Form

Uxbridge Baptist Church Vacation Bible School Online 5 Wednesdays (Jul 8, 15, 22, 29, Aug 5)

Name of parent(s): _____

Primary Phone: (____) _____ Email Address: _____

Names and Ages of all participants in the family

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

I have concerns about accessing reliable internet. Yes _____ No _____

If Yes, please explain:

I have other needs or concerns that I would like to share. Yes _____ No _____

If Yes, please explain:

I acknowledge that my child(ren) will be participating in an online camp program hosted by Uxbridge Baptist Church which includes both viewing videos and participating in live online forums. I give consent for my child(ren) to participate online and for their photo submissions to be used as part of this program on our secure media channels.

Signature: _____

Date: _____