

Kingdom of the Son Registration

Name _____

Street address _____

City _____ State _____ Zip _____

Home phone (_____) _____

E-Mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____

School grade just completed _____ Name of home church, if any _____

Please fill out a form for each child and drop it off at the church or mail to:

New Covenant UMC
14514 Lucia-Riverbend Hwy.
Mount Holly, NC 28120
Attn: Melissa

Or, email your information to VBS@newcovenantumc.org