



St. Paul UMC VBS Registration Form

(one per family)

Monday, June 5– Thursday, June 8, 2017
6:00 p.m. – 8:00 p.m.

Children Age 3 (as of Sept 1)-Entering 5th Grade
(Preschool space is limited)

| <u>Child's Name</u> | <u>Age</u> | <u>DOB</u> | <u>Grade Entering</u> |
|---------------------|------------|------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Parent Names _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact _____ Relation to Student _____

Food Allergies Yes or No Please List _____

Medical Concerns _____

Family Doctor _____ Phone _____

Home Church _____

Photo/Video Permission: I give permission for images of my child, captured during the VBS activities, through video, photo, and digital camera, to be used solely for the purpose of St. Paul's promotional materials. We will play a picture video for the parents on the last day. Yes No

Participation Permission: I give permission for my child to participate in the St. Paul's United Methodist Church VBS Program. In the event of a medical emergency, I give permission for the staff of the VBS program to seek medical attention for my child. I understand that St. Paul's UMC is not responsible for any accidents or injuries that may occur while my child is at VBS.

Date: _____

Signature: _____