

United Methodist Church **Vacation Bible School** Registration

July 26-29, 2010

For potty-trained children ages 3-5

Registration and Health Form

If more than one child is attending VBS, please fill out a separate form for each child

Please print

Name _____ Birth Date _____ Age _____

Street Address/City/Zip _____
(Child's residence)

Circle Church Affiliation:

Asbury Chester Park Faith First Forbes Hillside Hope Lester Park Norton Park None Other _____

VBS children are divided into groups based on their date of birth from youngest to oldest.

Would your child like to be grouped with another who is attending? If so, note that name here: _____

Parent(s)/Guardian _____

Home Phone _____ Work _____ Cell _____ Other _____

Emergency Contact Information

Name _____ Phone/Cell _____ Relationship to child _____

Allergies and Special Needs (check all that apply)

	Specific allergen	Symptoms of Reaction	How to Treat
_____ Foods	_____	_____	_____
_____ Medicines	_____	_____	_____
_____ Pollens	_____	_____	_____
_____ Bee Stings	_____	_____	_____
_____ Other Special Needs	_____		

In an emergency, I hereby give permission to the VBS staff to get my child medical attention as soon as possible.

Parent/Guardian signature _____ ***Date*** _____

Registration and payment of \$15 per child or \$20 per family (siblings) due by July 11 to your church office.
 Make checks payable to your church.

FOR OFFICE USE ONLY: DATE PD _____ AMOUNT PD _____ CASH OR CHECK # _____

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Galactic Blast Vacation Bible School, July 26-29, 2010

Received from _____ \$ _____ for Vacation Bible School Registration for the following child(ren) _____, _____, _____
 Date Received _____ Signature _____

Children need to be picked up in person by the adult designated to do so on the Daily Sign-in sheet.

Registration and payment of **\$15 per child or \$20 per family** (siblings) is **due by July 11** to your church office.
 Make checks payable to your church. Individual churches will be billed for the children registered by their church.