

# VACATION BIBLE SCHOOL (VBS) REGISTRATION



**SPRING WOODS UNITED METHODIST CHURCH**

JUNE 23, 2017 5:30-8:00

JUNE 24TH, 2017 10:00-4:00

CHILD'S NAME \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ AGE \_\_\_\_\_ M F

T-SHIRT SIZE: ADULT CHILD S M L OR ADULT XL ADULT XXL  
\$10/child or \$15/family

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE # \_\_\_\_\_

IS YOUR CHILD ON DAILY MEDICATION? Y/N- IF SO, MEDICINE NAME, DOSAGE AND REASON

\_\_\_\_\_

SPECIAL NEEDS/ALLERGIES \_\_\_\_\_

PLEASE LIST THE NAMES OF THOSE WHO WILL BE ALLOWED TO PICK UP CHILD(OTHER THAN PARENT)

\_\_\_\_\_

ARE YOU A MEMBER OF Spring Woods United Methodist Church? Y N

## MEDICAL, PUBLICITY AND CHILD RELEASE AUTHORIZATION

I, the parent and/or legal guardian of the above named minor do hereby appoint Spring Woods UMC to act on my behalf in authorizing emergency medical, dental, surgical care and or hospitalization for this child in the event I cannot be reached. I agree to be financially responsible for all treatment. I give permission for my child to be picked up by the persons listed above. I give permission for my child's picture to be used in all Spring Woods UMC publications.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_