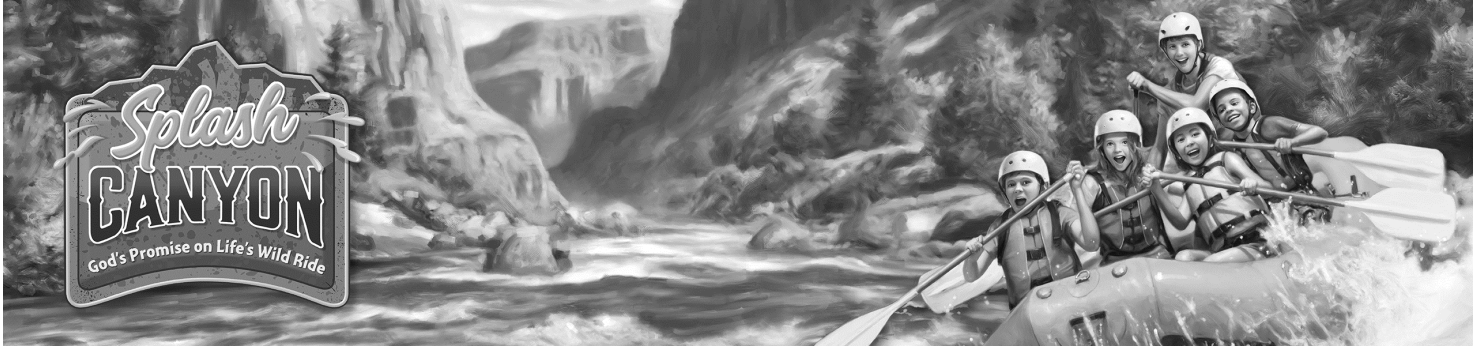


Grade Entering in Fall

_____ / _____ / _____
4 years old through those entering 6th

VBS Registration
Sunday-Thursday
June 24-28, 2018
6:00-8:30 pm

_____/_____/_____
Birthdate



SNACKS will be provided to children nightly.

Student's Name: _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **Home Phone:** _____ **Cell Phone:** _____

Parent's/Guardian's Name: _____

Name of Emergency Contact: _____

Emergency Contact Number: (____) _____

Allergies or Special Needs: _____

Home Church: _____

If no home church, are you interested in information on CUMC? Y/N

As the parent or legal guardian of _____, I hereby give my permission for him/her to participate in the CUMC VBS program. In the event of an emergency, I also give permission to the directors of CUMC VBS program and/or Christ United Methodist Church (further known as CUMC) to render First Aid, as well as the physician selected by the adult leader to also render First Aid for any hospitalization, secure proper anesthesia, order injections, or secure medical treatment, as needed.

I further agree to hold harmless and indemnify the CUMC VBS staff and Christ United Methodist Church from any and all claims for damages arising out of personal injuries sustained by my son, daughter, or ward, at any class time, play area, lunchroom, and I hereby fully and forever release and discharge CUMC VBS staff and Christ United Methodist Church from any and all said claims.

I understand photographs will be taken of my child for promotional use within the church as well as for crafts

Parent/Guardian Signature

Printed Name

We encourage parent involvement in our VBS program.
Your continued support is directly related to the success of our program!
Please complete a volunteer registration form if you are interested in helping out.