



# Washington Park United Methodist Church Vacation Bible School Registration 2018

June 18<sup>th</sup> – June 22<sup>nd</sup> 9:00am – 11:30am

Thank you for registering for VBS!

Ages 3 & Potty Trained thru Completed 6<sup>th</sup> Grade

Please Indicate Grade Just Completed

**One Child per Form, Please**

Fees: 1<sup>st</sup> Child \$30, 2<sup>nd</sup> Child \$25, 3<sup>rd</sup>+ Child \$20

**Registration Deadline: June 11th, 2018**

Child's Name \_\_\_\_\_ Gender M / F

Child's Full Address \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ School Grade Just Completed \_\_\_\_\_

Names of Siblings Enrolled in VBS \_\_\_\_\_

Allergies or Other Important Information \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Photo Release: I do \_\_\_\_ / do not \_\_\_\_ give permission for my child's photo/video clips to be used for WPUMC promotion, celebration, advertising, etc. ("I do" assumed if no selection marked.)

I hereby give permission for WPUMC to call 911 for medical care for above named child should an emergency occur. I understand that a conscientious effort will be made to locate one or both of the child's parents listed above before any action is taken as circumstances of the emergency allow. It is further understood that all expenses associated with emergency action taken are the responsibility of the child's parents with or without parental communication at the time of the emergency. I will not hold WPUMC responsible for any injury incurred while participating in activities or performing volunteer work for either above named child or parents.

**Please Pay at Time of Registration: In Person \_\_\_\_ Online Payment \_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospital \_\_\_\_\_

Parent or Legal Guardian