



COMMUNITY VACATION BIBLE SCHOOL

FAMILY REGISTRATION FORM

June 18th - June 21st, 2018 9am - 12pm

Please arrive at **8:15** if you have not pre-registered
8:45 start time on Monday, June 19th for all participants

\$10 per child or \$20 per family

Scholarships available - **no child turned away!**

Child's Name: _____ Age: _____ Grade entering in Fall '18 _____

Please list any known allergies to medication, environment or foods. Please also provide reaction:

Medical or other issues we should be aware of: _____

Child's Name: _____ Age: _____ Grade entering in Fall '18 _____

Please list any known allergies to medication, environment or foods. Please also provide reaction:

Medical or other issues we should be aware of: _____

Child's Name: _____ Age: _____ Grade entering in Fall '18 _____

Please list any known allergies to medication, environment or foods. Please also provide reaction:

Medical or other issues we should be aware of: _____

Parent(s) Name(s): _____

Address: _____ City: _____ Zip _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Church Affiliation: Whitefish United Methodist Church Other: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized Adults to Pick Up Children :

Name: _____ Phone: _____

Name: _____ Phone: _____

TURN OVER

Permission: I hereby give permission for (child/children's name(s))

to attend COMMUNITY Vacation Bible School at the Whitefish United Methodist Church. I will not hold Whitefish United Methodist Church or individual staff/counselors liable for such accident or injuries which might occur during COMMUNITY VBS. I understand that in the event of an emergency, every effort will be made to notify me; however, in the event I cannot be reached, I authorize whatever emergency procedures might be deemed necessary. I authorize the COMMUNITY VBS medical volunteers to administer the medication noted on this form. Any reservations I might have concerning this release, or any allergies/special issues are noted on this form.

Parent/Guardian signature required

Date

Photo Release:

We do take photos of the children during COMMUNITY VBS! These photos are typically used on our church website and in our church newsletter without identifying children by name. Local media may also visit and cover COMMUNITY VBS.

I do ____ / do not ____ give my consent to Whitefish United Methodist Church to photograph my child/children and without limitation, to use such photos and/or stories in connection with any of the work of said COMMUNITY VBS program without consideration of any kind and do hereby release Whitefish United Methodist Church and those represented in the COMMUNITY VBS from any claims whatsoever which may arise in said regard.

Parent/Guardian signature required

Date

FYI:

Bathroom duty for children while at COMMUNITY VBS will be: 4 years and over will be walked to the bathroom and a volunteer will stand near the outside door of the bathroom. Children will not be assisted with toileting inside the stall, so please prepare your child.

Children will participate in outdoor recreation and crafts to be held outdoors each day. We strongly recommend you apply sun block to your child prior to arriving. If you think it necessary for your child to have insect repellent, please also apply this prior to arriving.

Wanted: Volunteers are always appreciated. Please include your name if you would like to participate in any of our activities. Thanks!

Name: _____

Please make checks out to: **Whitefish United Methodist Church (WUMC).**

For questions or more information e-mail:

Lynn Dykstra lynnandbennett@gmail.com

Erin Adams-Griffin erinraeag@gmail.com or contact the WUMC office.

WHITEFISH UNITED METHODIST CHURCH

PO Box 4248, 1150 Wisconsin Avenue / Phone: 406.862.3418 E-mail: office@whitefishumc.org

Registration is also available online at www.whitefishumc.org

For Office Use Only:

Paid Cash \$ _____ Check # _____

Date Rec'd _____ Church Rep. Initials _____

