

VBS ELEMENTARY 2018

Registration Form

Entering Kinder - 6th Grades

July 23 - 27, 9a - 12:15pm

LAKWOOD UNITED METHODIST CHURCH



Name _____

Date of Birth _____ Grade Completed _____ Age _____

T-shirt Size: CXS CS CM CL AS AM AL AXL Gender: M F

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

E-mail _____ Cell Phone _____

Emergency Contact Name and Number _____

Is your child on daily medication? Y/N If so, medicine name, dosage & reason _____

Does your child carry an EPIPEN? _____

Special Needs/Allergies _____

School your child attends _____

Name ONE friend (from your grade) that you would like in your group: _____

We will do our best to place your child with one friend or fellow schoolmate

Please list the names of those who will be allowed to pick up this child (other than a parent):

Are you a member of LUMC? Y/N

Medical, Publicity and Child Release Authorization

Effective immediately, I assume all risk and hazards and do hereby release and agree to hold harmless Lakewood United Methodist Church (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. In the event I cannot be reached or cannot communicate in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance. picked up by the persons listed above. I give permission for my child's picture to be used in all LUMC publications.

Parent/Guardian Signature _____ Date _____

Please return form and fee payment to LUMC, 11330 Louetta Road, Houston TX 77070

Please Make Checks payable to LUMC

All VBS questions directed to Children's office 281-370-2273 x110 or x111.

Or email children@lakewoodumc.org

\$20 FEE PER CHILD
****July 8 is deadline to**
guarantee T-shirt**



For Office Use Only:

Date Rec'd _____

Cash/ Ck /CC _____