

PRESCHOOL VBS 2019

Registration Form

Nursery, Preschool - Entering Kindergarten
July 29-August 2, 9a - 12:15 pm
LAKEWOOD UNITED METHODIST CHURCH



Child's Name _____

Date of Birth _____ Age _____ Gender: M F

T-shirt Size: CXS CS CM CL School attends/will attend _____

****This age group requires a parent/adult volunteer for VBS in order to attend****

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 _____

Special Needs/
Allergies _____

Does your child carry an EPIPEN? _____

Name ONE **same aged** friend that you would like in your group: _____
We will do our best to place your child with ONE friend

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. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance. I also give permission for my child to be picked up by the persons listed above (other than parent). I give permission for my child's photo to be used in LUMC publications if needed.

Parent/Guardian Signature _____ Date _____

\$20 FEE PER CHILD

****July 14 is deadline to register****

No walk ins accepted

For Office Use Only:

Date Rec'd _____

Cash/ Ck /CC _____