

Vacation Bible School

Sunday, June 18 - Thursday, June 22

6:30-8:15 pm

Pre-registration is suggested. Please return completed forms to Jenna Engel. You can drop off in office or mail forms to Jenna Engel, First United Methodist Church, 718 Clay Street Cedar Falls Iowa, 50613. Cost: \$12.00 suggested contribution per participants; maximum \$24.00 per family. Contribution is voluntary, and is not a requirement to attend. Make checks payable to First United Methodist Church and mark "VBS". Please complete one registration form for each child.



Participating Child

Child's Name _____ Child's Date of Birth _____

Age _____ Grade in Fall 2016 _____ (must turn 3 years old by September 15 to attend this year)

Names of Parents and adults authorized to pick up children. _____

Child's Home Address _____ City/State _____

Contact Information

Primary _____ phone _____ relationship (circle): parent / trusted adult

Additional _____ phone _____ relationship (circle): parent / trusted adult

Additional _____ phone _____ relationship (circle): parent / trusted adult

Health information

Please indicate any information about your child that we should know, I.E. allergies, medication, special restrictions, special needs, special friendships we should encourage, etc. _____

In the event of emergency, I authorize the First United Methodists' VBS Staff consent to appropriate medical treatment for my child _____ (signed)

If you are helping and will be here during VBS you do not have to complete the physician information.

Child's doctor's name and phone are listed below:

Physician _____ Physician's Phone _____

media release

First United Methodist Church may use photographs and video of my child's participation in VBS activities. I understand that photo and video images will NOT be labeled with children's names. circle: yes / no initial: _____

Signature of Parent/Guardian _____ date _____