

# ST. JOHN UMC - VACATION BIBLE SCHOOL REGISTRATION FORM - 2018

Deadline To Register Is June 15 to guaranteed the we have supplies for your child.

**Thursday & Friday, June 21-22**

9 am to 12 pm

**AND**

**Sunday "Fun Day" Celebration  
June 24**

Begins at 10:30 AM with worship service.

Children are welcome to come to  
Sunday school at 9:30!



**Student's Full Name:** \_\_\_\_\_ Likes to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: FEMALE MALE

Age as of Sept. 1 (**must be 3 by Sept 1, 2018**): \_\_\_\_\_ School Grade **COMPLETED:** \_\_\_\_\_

T-Shirt Size: Children's Small Medium Large XLarge

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mom Alternate Phone: \_\_\_\_\_ Dad Alternate Phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Home Church: \_\_\_\_\_

List of names of persons who may pick up this child from Vacation Bible School each day:

## MEDICAL INFORMATION:

Allergies or Sensitivities: \_\_\_\_\_

Food Restrictions for any reason: \_\_\_\_\_

Other relevant medical information: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Release:

I hereby authorize the staff of St. John UMC to act for me, in their best judgment, in any emergency requiring medical attention; and I hereby waive and release the church and its staff from any and all liability for injuries or illness incurred while at vacation bible school.

Parent/Guardian Signature: \_\_\_\_\_

## Media Release (initial only one option):

\_\_\_\_\_ I hereby authorize St. John UMC to use images and pictures that may include my child for marketing and development purposes (example: Facebook, website, printed media). **Names will NOT be used.**

\_\_\_\_\_ I **do not** authorize St. John UMC to use images and pictures that may include my child for marketing and development purposes (example: Facebook, website, printed media).