



**2018 HOPEWELL UMC EVENING VBS
REGISTRATION FORM**
July 16th to 19th, 6pm to 8pm
Cost \$15 per child,
Registration deadline July 11th

Date paid:
Cash or Check #:
Amt:

Parents' Names: _____
 Street Address: _____
 City, State & Zip: _____
 Home Telephone: _____ Cell Phone: _____
 E-mail Address: _____

Photo Release: I give permission for my child(ren) to be photographed for use in Hopewell UMC Children's Ministries printed publications, power point presentations, and/or to appear on the Hopewell UMC's children's website. **(Circle One)** Yes No

Are you available to help out with VBS? Yes No Maybe
 Name of person available: _____ Telephone: _____
 (Child care is available for volunteer's younger children on the days they are helping.)

Person responsible for picking up your child(ren) at the end of each VBS evening:
 Name: _____ Telephone: _____
 In case of emergency (when the parents cannot be reached) please contact:
 Name: _____ Telephone: _____
 Relationship to child(ren): _____

Child #1 Name: _____ Sex M F
 Entering Grade: N P K 1 2 3 4 5
 (circle one) N = Nursery (for volunteer's children that are too young to attend VBS)
 P = Preschool (children must be age four by 9/1/2018)

Birth Date: _____ T-Shirt Size: Youth XS S M L
 Adult S M L XL

Please list any allergies (including food allergies) the VBS staff should be aware of:
 NOTE: If this student has ANY food allergies, you are required to provide the daily snack for them. (Water will be provided.)

 Please describe any other medical conditions, behavioral issues, or special needs that the VBS staff should be aware of. Include any medications your child is currently taking.

Child #2 Name: _____ Sex M F

Entering Grade: N P K 1 2 3 4 5
(circle one) N = Nursery (for volunteer's children that are too young to attend VBS)
P = Preschool (children must be age four by 9/1/2018)

Birth Date: _____ T-Shirt Size: Youth XS S M L
Adult S M L XL

Please list any allergies (including food allergies) the VBS staff should be aware of:
NOTE: If this student has ANY food allergies, you are required to provide the daily snack for them. (Water will be provided.)

Please describe any other medical conditions, behavioral issues, or special needs that the VBS staff should be aware of. Include any medications your child is currently taking.

Child #3 Name: _____ Sex M F

Entering Grade: N P K 1 2 3 4 5
(circle one) N = Nursery (for volunteer's children that are too young to attend VBS)
P = Preschool (children must be age four by 9/1/2018)

Birth Date: _____ T-Shirt Size: Youth XS S M L
Adult S M L XL

Please list any allergies (including food allergies) the VBS staff should be aware of:
NOTE: If this student has ANY food allergies, you are required to provide the daily snack for them. (Water will be provided.)

Please describe any other medical conditions, behavioral issues, or special needs that the VBS staff should be aware of. Include any medications your child is currently taking.

Medical Authorization/Release

I, _____, hereby authorize event staff to obtain and give consent for
(Please print) Last name, First name

medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

Parent Signature

Date

Checks should be made payable to Hopewell UMC.
Return form with payment to church office
If you have any questions, please contact Cheri Miller at cheri@hopewellumc.org