



Registration Form

Child Information

Child's Name: _____

Preferred Name: _____ Birthday: _____ Gender: F M

Allergies: _____

Does your child need an Epi-Pen? [] Yes [] No

If yes, please see the Director to complete a Medication Form.

Family Information

Parent's Name: _____

Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Additional Emergency Number: (_____) _____ - _____
Name: _____ Relation: _____

Adults authorized to pick up my child: (In addition to parents)

Name: _____ Relation: _____

Name: _____ Relation: _____

Church Home: _____

Are you interested in more information about Jacksonville FUMC? [] Yes [] No

Other important information regarding my child:

Other VBS Information

Grade completed Spring 2010: _____ T- Shirt Size: _____ (While supplies last)

Meals

Will your child be eating dinner with us? [] Yes [] No

Please mark the days that your child will be eating dinner with us...

[] All week- \$10.00 (except Sunday)

Or [] Monday- \$2.50

[] Tuesday- \$2.50

[] Wednesday- \$2.50

[] Thursday- \$2.50

Volunteer

I am interested in volunteering during Vacation Bible School. [] Yes [] No

If yes, the Director will contact you at _____

(Phone number or email)

Closing Program

On **Sunday, June 13, 2010** the children will be singing some of the Vacation Bible School songs in the 8:30 New Community (contemporary) service here at Jacksonville FUMC. Will your child be able to participate on that Sunday? [] Yes [] No

Adult VBS

Are you interested in participating in the adult VBS program? [] Yes [] No

Photo Release

I, _____, understand that my child's photo may be used in promotional form for Jacksonville FUMC Vacation Bible School in the future. Some forms of use may include, but are not limited to, photos in brochures, on the website, slideshow presentations, etc. I also understand that my child's photo will be included in the group picture at the end of the week.

Parent Signature

Date

For office use only:

Medical Release Form: _____

Group: _____ Nametag: _____

T-shirt received: _____

Meals: _____

Days

Amount

Cash/ Check

