

# V.B.S. 2018 Registration

## Ingleside United Methodist Church

June 11<sup>th</sup> – 15<sup>th</sup>  
 Mon. – Fri.  
 8:30 a.m. – 11:30 a.m.



### Enrollment is limited for:

4-5 year old group

*(children who have not completed Kinder)*

Elementary group

*(children must have been in Kinder-6th grade in the school year of 2017-2018.)*

**V.B.S. Helpers:**  *in 7<sup>th</sup> grade and up for school year 2017-2018.*

Child's name: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_  Male,  Female

Home church: \_\_\_\_\_

Who can pick up your child? \_\_\_\_\_

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

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

*There is no fee for V.B.S.; however donations will be accepted.  
 For questions or more information call the Church Office 776-2820.*

### MEDICAL INFORMATION

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

Recent Illness(es): \_\_\_\_\_

Past or Present Medical Problem(s): \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Medication(s) \_\_\_\_\_

*Medications **must** be in original container & given to leader so that IUMC can administer them effectively.*

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT (CAN BE REACHED DURING V.B.S.)

Name: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relation to child: \_\_\_\_\_

What else do we need to know? \_\_\_\_\_

*My signature herein serves as my agreement to permit supervision and transportation in accordance with the policies of Ingleside United Methodist Church (IUMC). I hereby release IUMC, its staff and volunteers of any liability in the event of accident or injury.*

*Additionally, unless I expressly deny (in writing), IUMC has authority to take and use photographic or other digital media representation of my child. IUMC may use the same for any purpose, including display on Church authorized websites.*

I, \_\_\_\_\_ **AUTHORIZE ANY NECESSARY OR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Signature of parent/guardian*

*Date*