

VACATION BIBLE SCHOOL REGISTRATION

Child's Name

Parent(s)/Guardian

Address

Home Phone

Cell Phone

Email Address

Child's Birthdate

Church Home

Grade child will enter in September

(If child is not in school, class age in which to place child)

Allergies and/or Medical Conditions

Transportation: For the safety of our children, please state who other than yourself will be responsible to pick up your children (grades 2 and under).

Emergency Information

Alternate Contact 1

Name

Home Phone

Cell Phone

Alternate Contact 2

Name

Home Phone

Cell Phone

Permissions and Releases

Childs Name

1. The undersigned, being the parents or legal guardians of above child, give my/our express permission for said child to participate in the Vacation Bible School program of the Grace United Methodist Church , Pen Argyl, PA: and hereby expressly waive and release said Church, Trustees, teachers, aides, and anyone connected with said program from any claims or suits for damages whatsoever, and agree to indemnify and name harmless said Church, Trustees, teachers, aides, etc., if any suits be filed on behalf of said child for expenses or damages which may occur while participating in said program.

Signature of Parent/Guardian
(Please type your name as
acceptance)

Date

2. Grace United Methodist Church's Vacation Bible School requests permission for photos of your child, including video segments, to be used on the church's web site, church's Facebook pages, Twitter and as a part of in-house services/programs/meetings, such as a slideshow sharing the fun of VBS.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since free access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we at Grace United Methodist Church do want to celebrate your child's participation in our Vacation Bible School. The law requires that we ask for your permission to use photographs of your child.

Please check one of the following choices

Signature of Parent/Guardian
(Please type your name as
acceptance)

Date

Please note, you must save this form to your computer before using the Submit button. This will send using your existing email client (Outlook) or you can set it up to use a webmail account. Adobe Reader is also required. <http://get.adobe.com/reader/>

You may also print this form and submit in person.