

For kids ages 4 years old to completed 5<sup>th</sup> grade



VACATION BIBLE SCHOOL

JUNE 4 - 8

9am - 12 pm

**ARK-E-LOGY**

**Explore & Discover God's Word!**

**DIG IT! LIVE IT!**

For more info contact Jen Leibold: [children@shalimar-umc.org](mailto:children@shalimar-umc.org) | 651-0721

SHALIMAR UMC 2018 VBS REGISTRATION FORM

(Please mark the appropriate box & submit payment with registration form)

\_\_\_ \$10 Registration Fee \_\_\_ Scholarship Requested

Please initial if we have your permission to use your child's photo for slideshow or on website:

\_\_\_ Yes \_\_\_ No

CHILD #1 INFORMATION

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

Address (city/zip): \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Completed Grade: \_\_\_\_\_

First & Last Name of special friends your child would like to be with (needs to be the same grade):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please list any food allergies or medical conditions your child has: \_\_\_\_\_

Will your child need an EPI pen? \_\_\_ YES \_\_\_ NO

CHILD #2 INFORMATION

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

Address (city/zip): \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Completed Grade: \_\_\_\_\_

First & Last Name of special friends your child would like to be with (needs to be the same grade):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please list any food allergies or medical conditions your child has: \_\_\_\_\_

Will your child need an EPI pen? \_\_\_ YES \_\_\_ NO

PARENT INFORMATION

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

Address (city/zip): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

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

THESE PERSONS HAVE PERMISSION TO PICK UP MY CHILD (please include name and contact info):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I can volunteer to help on (please circle): MON TUES WED THURS FRI

INFORMATION FOR PARENTS

We will be providing nametags for the children, with a removable parent nametag. In order to pick-up your child, you will need to present the parent name tag to your child's VBS Crew Leader at the end of each day. The only person authorized to pick-up your child is the individual who has the parent name tag OR they are included on this registration form to pick up your child. If you lose your parent name tag, you will be asked to verify your identity with a picture ID. Please be advised that we will not release your child to anyone who is not named on the registration form without prior notification. These individuals may also be asked for photo identification.

Please note that Vacation Bible School ends at 12:00 p.m. and your child must be picked up at that time. Please sign below to acknowledge these policies. Thank you.

\_\_\_\_\_  
Parent Signature Date