

HERO CENTRAL



JUNE 26-JUNE 30, 2017 9:00 AM-12:30 PM

2017 VBS HEADQUARTERS REGISTRATION FORM

PLEASE FILL OUT COMPLETELY FOR EACH CHILD ATTENDING.

CHILDREN MUST BE 4 YEARS OLD BY JUNE 26TH TO ATTEND. THANK YOU.

NAME OF CHILD: _____ GRADE ENTERING IN THE FALL _____

BIRTHDAY: _____ NICK NAME: _____ AGE ON JUNE 27TH _____

ADDRESS: _____

CHURCH HOME: _____ E-MAIL: _____

PARENT/S NAMES: _____

HOME PHONE: _____ CELL: _____ TEXT: YES OR NO

EMERGENCY PERSON & PHONE #: _____

*ALLERGIES (ESPECIALLY TO FOOD) _____

COST \$20.00/CHILD INCLUDING T-SHIRT AND SUPERHERO CAPE AND MUCH MORE!

PAID: CK _____ CASH _____

DONATION TO HELP WITH COST OF PROGRAM: \$ _____ THANK YOU SO MUCH.

APPROX. T-SHIRT SIZE FOR CHILDREN: (SM, MED, LG) _____ ADULT SIZE _____

PERMISSION SLIPS:

I GIVE PERMISSION FOR THE LEADERS OF THE UNITED METHODIST CHURCH VBS PROGRAM TO SEEK MEDICAL ATTENTION FOR MY CHILD _____ JUNE 26-JUNE 30, 2017, IF I CAN NOT BE REACHED. I HAVE PROVIDED THE PROGRAM WITH TELEPHONE NUMBERS AND PERSONS TO CONTACT IN CASE OF AN EMERGENCY.

SIGNATURE OF PARENT OR GUARDIAN

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND VIDEO TAPED DURING VBS FOR THE SOLE PURPOSE OF PUTTING TOGETHER A VIDEO FOR OUR FRIDAY NIGHT PRESENTATION AND WEB SITE. ONLY OUR ASSIGNED PHOTOGRAPHERS WILL BE TAKING PHOTOS AND VIDEOTAPING DURING OUR VBS PROGRAM.

SIGNATURE OF PARENT OR GUARDIAN

* IF YOU WOULD LIKE YOUR CHILD PLACED IN A GROUP WITH ANOTHER CHILD ABOUT THEIR AGE WHO IS ATTENDING, PLEASE HAVE THAT REQUEST ON THE TOP OF BOTH FORMS AND WE WILL TRY OUR BEST TO ACCOMMODATE.