



Simpsonwood UMC
 Vacation Bible School Registration
 July 17-21, 2017; 9:30am - 12:30pm
 Materials Fee: \$15/child or \$25/family
 (Make checks payable to SUMC)

Space is limited, first come, first served!
 No registration forms accepted after June 15th

Last Name: _____ Phone: _____ Church Member? _____

Ages: (4 years old as of 9/1/17) through completed 5th Grade only.

Child's First Name: _____ Grade Completed: _____ Birthdate: _____

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Child's First Name: _____ Grade Completed: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Parent's Names: _____ Cell Phone Number: _____

Please fill out the medical release and sign up to help with VBS on the back of this form
 We Need Your Help

Vacation Bible School T-Shirt Order
Additional \$10 each

Child Small _____	Adult Small _____
Child Medium _____	Adult Medium _____
Child Large _____	Adult Large _____
	Adult XL _____

Please make sure to fill out the entire form and have the form notarized.

(The church office can notarize it for you).

**Classes fill up fast!
 Don't wait to sign up!**

Registration Deadline: June 15th, 2017 (or earlier if classes are full)
For additional information,
please contact Bryan Coats at the church office: 770-441-2181

Maker Fun Factory - Created by God: Built for a Purpose

Vacation Bible School Volunteers - Please mark the ones you are interested in!

Shepherds: (lead the kids to different

Activities, take attendance,
help with lessons, etc.)

4 year olds/PreK: _____

Kindergarten: _____

1st Grade: _____

2nd Grade: _____

3rd Grade: _____

4th Grade: _____

5th Grade: _____

*Nursery Helper: _____

*Nursery Teacher for 3 year olds: _____

Craft Leader: _____

Craft Helper (before & during VBS): _____

Snack Leader: _____

Snack Helper/Provider: _____

Elementary Age Music Helper: _____

Preschool Music Leader: _____

Preschool Music Helper: _____

Recreation Leader: _____

Recreation Helper: _____

Activity Center Leader: _____

Activity Center Helper: _____

Story/PreK _____ Story/Elementary _____

Set/Prop Decorator: _____

Photographer: _____

Set-up/Clean-up Crew: _____

Friday Night Reception Helper: _____

*Nursery is provided for children up
to age 3 only on the days their parents
are volunteering at VBS*

Name: _____

Phone: _____

Your children who will need nursery care:

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Emergency Medical Release Form

I hereby give permission for _____ to participate in the United Methodist enterprise ("enterprise") for which he/she is enrolled, and do not hold the enterprise or the **Simpsonwood United Methodist Church**, any of their representatives, staff or officers (to include officers, etc. of enterprise) responsible for sickness, injury or death resulting from any physical unfitness of my child to participate in the enterprise activities. In case of medical emergency, I understand every effort will be made to contact a family member. The information provided on this registration form regarding my/my child's medical history and condition is complete and correct to the best of my knowledge. In the event I cannot be reached, I hereby give permission to the physician selected by the **Simpsonwood United Methodist Church** staff, representatives, or officers to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for me/my child, as named above. Lastly, any expenses incurred under the above will be borne by the child's family. The church is not responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Additional contacts in the event you cannot be reached:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Physical Limitations or Allergies (circle one): _____

Child's Name: _____

Physical Limitations or Allergies (circle one): _____

Child's Name: _____

Physician's Name: _____ Phone: _____

I hereby great permission to any hospital to administer treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance or care if warranted.

Pictures may be taken of the individual for use in publicity of
Simpsonwood United Methodist Church.

Parent's Signature: _____

Date: _____

NOTARY PUBLIC