



SKYLAND UMC VBS 2017 REGISTRATION FORM

JULY 10-14
9 am – 12 noon
Ages 4 – rising 5th grade

Skyland United Methodist Church
(828) 684-7283



Child's Name: _____ DOB: _____

*Please complete a separate form for EACH child in your family.

Age: _____ Rising Grade: _____

Parent/Guardian Name: _____

**Could you volunteer during the week? _____

(nursery will be available for birth-3 years for those who volunteer)

Address: _____ City _____ Zip Code _____

E-mail Address: _____ Daytime phone number(s) _____

Home church: _____ Allergies/Medical Info/Other: _____

Emergency Contacts:

Name: _____ Phone: _____ Cell: _____

Names of person(s) who may pick up this child from VBS each day:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

T-shirt size (please circle one):

Toddler (2-4) – Youth Sm (6-8) - Youth Med (10-12) – Youth Lg (14-16) - Adult Small – Adult Medium – Adult Large

Any other information you would like to share about your child that might be helpful to the leaders?

(add separate page, if needed)

*Please see reverse side for "Permission Slip for Photographing Your Child"

PERMISSION
FOR PHOTOGRAPHY, DIGITAL and VIDEO IMAGES

During VBS week, we may take pictures of children for publicizing our events through media such as our church web-site, church pamphlets, Facebook.

Conditions of Use:

We would use first names only, unless with your express permission.

We will not include details such as full name, address, email address, tel. no.

I give Skyland United Methodist Church my permission for my child to be photographed, etc. as described by above 'conditions of use'.

I do not want my child to be photographed.

Signed

Parent/Guardian***

Print Name.....

Date