

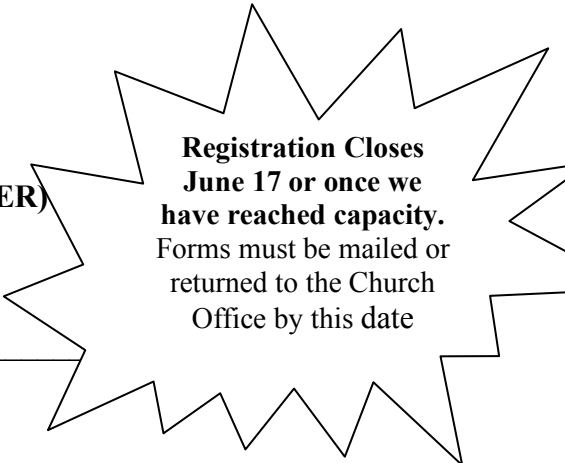


SKYLAND UMC VBS 2018 REGISTRATION FORM

JULY 16-20

9 am – 12 noon
Ages 4 – rising 5th grade
(6th and up, use this form to VOLUNTEER)

Skyland United Methodist Church
(828) 684-7283



**Registration Closes
June 17 or once we
have reached capacity.**
Forms must be mailed or
returned to the Church
Office by this date

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 S – Adult M – Adult L

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

***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