



VBS 2017 Registration Form

(one form per child)

Name _____

Date of birth _____ Grade in Fall _____ Age _____

Parent / Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Number of family members participating in VBS: _____

Are parents helping in any areas of VBS? _____ Where? _____

I authorize the following people to pick up my child from VBS.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



In case of emergency, contact: _____
Name and phone number

Allergies or other medical conditions: _____

Home Church: _____

I understand that Kern UMC has made a reasonable effort in providing a safe and secure environment for my child, through its *Safe Sanctuary Policy*. I also understand that despite the best efforts, accidents do happen. In the event that my child becomes ill or sustains a minor injury, I give my permission for a member of the Vacation Bible School Team to provide minor first aid (ice, Band-Aid, etc.) or care. Should my child sustain a more serious injury, the VBS team will contact me or an authorized person above immediately, and if necessary will transport my child to the nearest medical facility.

I give permission for my child to participate in Kern UMC's Vacation Bible School ministry, as described. I understand that my child's picture may be used in social media postings and in other ways to promote events for the church.

My child will abide by the rules that are set forth by the VBS Team. I understand that Kern UMC will not be held responsible for personal injury or loss or damage to his/her personal property.

Signature _____ Date _____

If you are coming for the snack supper, please complete and return the attached form with your registration form.

Group Assignment (for church use only): _____