



# Cedar Grove UMC Vacation Bible School

June 25-June 28, 2018

(Monday-Thursday)

6:30 pm to 8:30 pm

## REGISTRATION FORM

Parent/Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Person(s) authorized to drop-off and pick up child(ren):

### Permission to display photos:

Pictures of the children will be taken during the week and displayed through various means and used at Cedar Grove functions and on the website.

I give permission for photos of my child(ren) to be displayed without names.

I give permission for CGUMC to include my child's first and last name in a photograph.

I do not want my child's photograph to be displayed.

I understand that Cedar Grove United Methodist Church and the children's ministry staff will take every precaution to ensure the safety of the VBS participants and are not responsible in the event of an accident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_