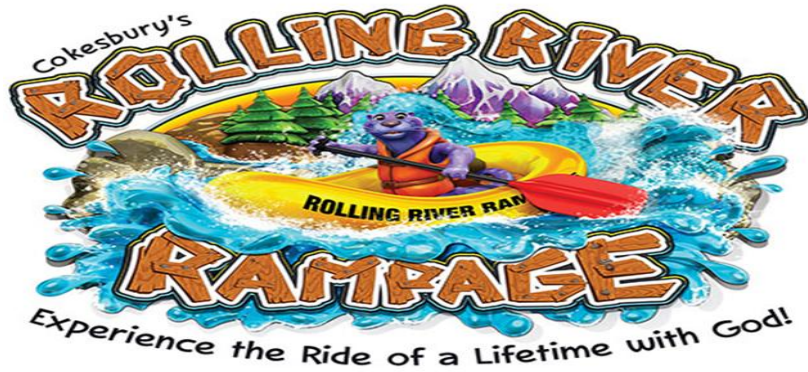


First United Methodist Church

2018 Vacation Bible School

Registration Form



**Sunday, July 29 – Thursday, August 2 / Rain or Shine @ the Pavilion
6:00 pm – 8:00 pm**

Childs Name _____ Date of Birth _____
Address _____ City _____
Home Phone _____ Cell _____
Parent/Guardian _____
Age _____ Grade going onto _____
Home Church _____
Emergency Contact _____ Phone _____
Child's Doctor _____
Allergies _____

My child, listed above, has my permission to participate in the Vacation Bible School program at the First United Methodist Church's Pavilion on So. Michael Rd. in St. Marys, PA the week of July 29-Aug. 2.

My Child has permission to be photographed or videotaped to be used on video screen on the web and / or on any other media. All children must be signed in and out on a daily basis by a legal guardian.

While we strive to ensure a wholesome, safe and closely supervised environment for the children in its care, The First United Methodist Church and its volunteers cannot be held liable and I will not hold them liable for any unforeseeable accidents or injuries which may occur during the course of Vacation Bible School.

In the event of an emergency, if I cannot be reached, I give my permission for my child to receive emergency treatment at any hospital or emergency care center

Parent/Guardian Signature _____ Date _____

Children must be age 4 ~ entering 5th Grade