



Vacation Bible School 2017

Flushing UMC

Family Registration Form

Friday, Aug 4th 6:00 – 8:30 pm & Saturday, Aug 5th 10:00 am – 12:30 pm

Name of Responsible Adult (Parent/Guardian): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Emergency Contact Name/Number: _____

In addition to parents and Emergency Contact, the VBS children listed below may be picked up and may leave Vacation Bible School with:

I hereby assign and grant to Flushing United Methodist Church (FUMC) the right and permission to use and publish photographs/film/video/electronic representations or sound recordings and/or text, illustrations, multimedia or other materials of my child(ren) made by individuals connected with FUMC, or for church use only and hereby release FUMC from any and all liability from such use and publication.

Check this box if you DO NOT want your child(s) pictures included in promotional materials.

Responsible Adult (Parent/Guardian) Signature: _____ Date: _____

****IMPORTANT:* Children listed below that are attending FUMC's Vacation Bible School MAY ONLY LEAVE VBS with the adults listed above.***

Child's Name and Age 3 or 4 or Grade in Fall

Allergies/Special Needs:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

If you have more than six children, please check the box below, and then write their names and allergies or special needs on the back of this registration form. Yes! I have more than four children attending VBS.