

2017  
VACATION BIBLE SCHOOL  
HERO CENTRAL

JULY 10 – 14  
9:00AM – 12 NOON

**OR**

JULY 10 – 13  
6:00PM – 8:15PM

REGISTRATION INFORMATION

For registrations received before June 26<sup>th</sup>:

there is no charge to attend VBS,  
a free music CD will be provided (one per family) and  
a special early check-in option will be available.

\*For registrations received June 26<sup>th</sup> – July 2<sup>nd</sup>:

there is a \$25 registration fee\*\* per child,  
a free music CD will be provided (one per family),  
early check-in option is **NOT** available and  
friend requests may not be able to be honored.

\*For registrations received July 3<sup>rd</sup> and after:

there is a \$35 registration fee\*\* per child,  
a free music CD will be provided (one per family),  
early check-in option is **NOT** available and  
friend requests are **NOT** able to be honored.

\*Registrations on or after June 26<sup>th</sup> **WILL NOT** be processed without payment.

\*\*The registration fee will be reimbursed if a relative volunteers for **ALL** Daytime or Evening VBS sessions.



2017  
**VBS REGISTRATION FORM**  
**HERO CENTRAL**

Children must be **4 years old** before **August 1, 2017** to attend.

**All lines must be filled in before your registration can be processed.**

**JULY 10 – JULY 14 9:00AM – 12 NOON** Please check the session your child(ren) will be attending.  **JULY 10 – JULY 13 6:00PM – 8:15PM**

Name of Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Home Church \_\_\_\_\_ Member Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Photo/Video Release Form**

As part of the VBS program, snapshots and/or videos are taken of different activities. These snapshots and/or videos may be used to promote or celebrate VBS in print, online or video-based materials. The pictures are the sole property of PWUMC. Please indicate if we are allowed to take photographs of your child(ren).

\_\_\_\_\_ **Yes**, pictures and/or videos of my child(ren) may be used.

\_\_\_\_\_ **No**, do not use pictures and/or videos of my child(ren).

Child(ren)'s Name(s) \_\_\_\_\_

Parent's/Guardian's Name (printed) \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Use the reverse side to register your children for VBS.**

**BEFORE VBS, I WOULD LIKE TO HELP BY:**

- Praying for teachers and students     Providing craft materials     Donating snacks
- Preparing decorations     Preparing craft materials     Donating Money for VBS
- Shopping for supplies     Organizing supplies     Decorating

**DURING VBS, I WOULD LIKE TO HELP IN ONE OR MORE OF THE FOLLOWING AREAS:**

**A volunteer meeting will be held on Sunday, July 9<sup>th</sup> at 2:00 p.m.**

I would like to work with (circle one): Three years old    PreSchool    K    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>  
 Please indicate your top three choices of places to volunteer.

- Class Shepherd     Photographer     A/V     Kitchen Crew
- Crafts:  PreSchool     Elementary    Bible Story:  PreSchool     Elementary
- Music:  PreSchool     Elementary    Recreational Games:  PreSchool     Elementary
- Special Needs Buddy

Please return this completed registration form to the church office.  
 Contact Rev. Jessica Richard, Director of Children's Ministry, at 741-3340, if you have any questions.

**Child's Name** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ **2016-2017** School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or other conditions which may limit activities: \_\_\_\_\_

\_\_\_\_\_ Medication(s): \_\_\_\_\_

\*Friend Request (optional) \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ **2016-2017** School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or other conditions which may limit activities: \_\_\_\_\_

\_\_\_\_\_ Medication(s): \_\_\_\_\_

\*Friend Request (optional) \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ **2016-2017** School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or other conditions which may limit activities: \_\_\_\_\_

\_\_\_\_\_ Medication(s): \_\_\_\_\_

\*Friend Request (optional) \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ **2016-2017** School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or other conditions which may limit activities: \_\_\_\_\_

\_\_\_\_\_ Medication(s): \_\_\_\_\_

\*Friend Request (optional) \_\_\_\_\_

*\*Please note that we cannot place younger children in older class groups. While we will try our hardest to place your child with a friend, this may not always be possible. Friends must be mutually requested at the time of registration. Requests after June 25th will not be able to be accommodated.*

Thanks!