

2018
VACATION BIBLE SCHOOL
SHIPWRECKED

JULY 9 – 13
9:00AM – 12 NOON

OR

JULY 9 – 12
6:00PM – 8:15PM

REGISTRATION INFORMATION

For registrations received before June 25th:

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 25th – July 1st:

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 2nd and after:

there is a \$40 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 25th **WILL NOT** be processed without payment.

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



2018
VBS REGISTRATION FORM
SHIPWRECKED

Children must be **4 years old before August 1, 2018** to attend.

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

JULY 9 – JULY 13 9:00AM – 12 NOON Please check the session your child(ren) will be attending. **JULY 9 – JULY 12 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 8th at 2:00 p.m.

I would like to work with (circle one): Three years old PreSchool K 1st 2nd 3rd 4th 5th

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 ____ **April 2018** Grade ____ School _____

Allergies or other conditions which may limit activities: _____

_____ Medication(s): _____

*Friend Request (optional) _____

Child's Name _____ Boy _____ Girl _____

Birth Date ____/____/____ Age ____ **April 2018** Grade ____ School _____

Allergies or other conditions which may limit activities: _____

_____ Medication(s): _____

*Friend Request (optional) _____

Child's Name _____ Boy _____ Girl _____

Birth Date ____/____/____ Age ____ **April 2018** Grade ____ School _____

Allergies or other conditions which may limit activities: _____

_____ Medication(s): _____

*Friend Request (optional) _____

Child's Name _____ Boy _____ Girl _____

Birth Date ____/____/____ Age ____ **April 2018** Grade ____ School _____

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!