

VBS Registration Form

Last Name: _____
First Name: _____

Child's Name: _____ M / F

Parent/Guardian's Name _____

Street: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Emergency #: _____

Birth date: _____ Grade Completed: _____ or Year Entering Kindergarten 2011 2012 2013

Name of Family Church: _____

Food Allergies / Medical Concerns: _____

Your child may be dismissed to (List all including parents): _____

T-shirt Size: Youth Sizes 2-4 6-8 10-12 14-16 Adult Sizes: S M L XL

Special Requests: _____
(Requests need to be made by June 26 to be honored)

Child with special needs—please explain _____

Photo/Video Release

I / we hereby grant permissions to Crossroads United Methodist Church to use any photographs/video recordings in publication, including their website, without further consideration, and I / we acknowledge the Church's right to crop or treat the photographs/video recordings at its discretion. I / we also acknowledge that the Church may choose not to use any photos/video recordings at this time, but may do so at its own discretion at a later date.

(Please sign Parent's/Guardian's Full name)

(date)

Office Use: Check # _____ or Cash # & Type _____	Class Assignment
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**Crossroads United Methodist Church
Vacation Bible School 2011
July 11-15 9-11:30 am
Ages 3 1/2—6th grade
Must be 3 years old by Jan. 1, 2011**

Early registration (by June 26): \$10—**activity fee and t-shirt** (indicate size on form)
\$4 - **activity fee only** (without t-shirt)

Late registration (June 27—July 6): \$ 4—**activity fee only** (no t-shirt available)

If you wish to have your child placed with a specific child of the **same age**, please indicate on special requests line on the registration form and turn it in by **June 26**.

Children will be dismissed from their classrooms only to the individuals you have listed on their registration form. So, please, indicate on the form to whom your child may be dismissed, includes parents name also.

The final date to register is **July 6**. Please submit a separate registration form for **each child** and return forms to the church office:

Crossroads United Methodist Church
1420 N. Main Street
PO Box 299
Washington, IL 61571