



**Haygood Memorial UMC  
Vacation Bible School  
June 7-11, 2010  
9:00 am-12:30 pm**

**(Mission Camp registration for rising 5<sup>th</sup> and 6<sup>th</sup> graders separate)**



*Pre-registration for church members ends February 28th*

**General Information**

Hello space explorers! Climb aboard your rocket and join us for an out of this world, adrenaline-filled week as we go on a cosmic adventure of praising God during our VBS Galactic Blast!

Please complete one form per child & the accompanying volunteer commitment by May 1<sup>st</sup>, 2010. Children who are 3 years old (by June 1, 2010) through rising 4<sup>th</sup> graders are invited to attend.

The registration fee this year is \$50 per child with a family maximum of \$115. This fee includes a Galactic Blast kid's t-shirt, music/activity CD, snacks, crafts, and a week of cosmic adventure through the Bible. Attach payment to this form, and make checks payable to Haygood Memorial UMC. Completed forms can be placed in the envelopes at the Preschool Desk, the Church Office or mailed to 2010 VBS, Haygood UMC, 1015 E. Rock Springs Rd., Atlanta, GA 30306.

Registration forms must to be received no later than May 1<sup>st</sup>, 2010. Due to space constraints, registration for certain age groups may close early. Church Members will be given priority registration until February 28<sup>th</sup>. *All registrations received after February 28<sup>th</sup> will be processed on a first come, first serve basis.*

**Registration:**

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Birth Date \_\_\_\_\_ 10'/11' Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Full Address with Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_

Known Allergies/Medical Condition \_\_\_\_\_

Other person(s) authorized to pick up child \_\_\_\_\_

I am an active Haygood UMC Church Member \_\_\_\_yes \_\_\_\_no

My child will go directly to Haygood's CDC \_\_\_\_\_ HUT \_\_\_\_\_ after VBS June 7-11, 2010.

Child's Shirt Size: XS \_\_\_\_\_ S \_\_\_\_\_ Med \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

**Volunteer Commitment**

The success of VBS comes down to the volunteers who give their time, talents, and hearts for our kids. It takes a lot of parent power to work with over 200 kids for a week. **Please prayerfully consider the importance of your role in VBS and to all of our children!**

I can work the entire week of VBS. Name of volunteer(s) \_\_\_\_\_ T-Shirt Size \_\_\_\_  
**There is a \$50 maximum family charge if you work the entire week!**

I agree to work a **minimum** of **THREE (3) days** (*indicate days **NOT** available*)  
 Monday  Tuesday  Wednesday  Thursday  Friday  
Name of volunteer(s) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

I am trained in & current in Safe Sanctuaries.  Yes  No (on-line training will be available)

I am a full-time working parent and am unable to volunteer my time during the week. Therefore, I can do **two** of the following:  
 bring food & supplies  
 help decorate during **at least one** after-hours work session  
 help clean up on Friday night, June 11<sup>th</sup> after Closing Celebration

We offer a 2-year-old classroom with the Galactic Blast curriculum for kids who will be 2 years old by VBS time. In order to register for this class, the child must sign up with an accompanying full-time volunteer. Additionally, we offer childcare for the young children of our other volunteers.

I am registering the child on this form for the 2-year-old classroom. Accordingly, I can volunteer the entire week of VBS.

I am interested in the childcare offered to volunteers. Names \_\_\_\_\_ and birthdates of children \_\_\_\_\_

**Liability Waiver (Please sign one waiver per child enrolled.)**

I hereby grant permission to Haygood Memorial United Methodist Church authorities present during any emergency or accident involving my child \_\_\_\_\_, to obtain the services of a physician to treat my child even though I am not present. Haygood Memorial UMC or VBS volunteers shall not be held responsible for any injury to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Photograph Release Form**

I hereby consent to my child's name, likeness, pictures or artwork to be used by Haygood UMC. I understand that my child will be under supervision of a VBS volunteer during any photo session. I release Haygood UMC from any claim which I may have or which I may assert in the future, arising out of any photographs taken of my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name (please print) \_\_\_\_\_

For questions please contact Jessica Moore (404-888-9995), Suzy Herndon (404-897-5440) or Carrie Yoder (404-872-9613 x. 226).