

Colesville United Methodist Church

52 Randolph Road, Silver Spring, MD 20904 / 301-384-1941 / www.cumc.org

Rev. Michael Armstrong, Pastor



Vacation Bible School (VBS)

June 26-30th 9:30 AM – 12:30 PM

Age 5 through Grade 5*

Registration Form

Complete one form per child. Provide all information requested. *Please print legibly.* Submit your completed form and registration fee/contribution to Colesville UMC, Attn: VBS, or return to the church office. Email: churchoffice@cumc.org

CHILD’S INFORMATION

Last Name _____ First Name _____

Date of Birth _____ Age _____ Last Grade Completed _____

Any allergies, special needs, or anything else we should know about your child? _____

We expect the daily participation of each child registered for our VBS, and we encourage faithful attendance for the five mornings of this program.

Days This Child Will Attend VBS Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Name of your child’s friend or sibling, if any, also attending this VBS _____

PARENT OR GUARDIAN’S INFORMATION

Last Name _____ First Name _____ Relationship _____

Address: _____

Home Phone _____ Cell _____ E-mail _____

Emergency Contact Name (s) & Number (s) _____

CHILD RELEASE AUTHORIZATION

Colesville UMC reserves the right to withhold release of your child to anyone but the registering parent/guardian unless advance authorization has been given to release the child to another person. If you will not be picking up your child, please list the name and relationship of the person you authorize to pick up your child.

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Phone _____

Phone _____

Read and complete additional information on reverse side!

COST

A \$15 contribution per participating child and \$25 total per family is requested at the time of registration to help defray the cost of materials. *This fee, or other contributions, may be made by cash, check or money order payable to Colesville United Methodist Church, referencing VBS in the memo section.*

PHOTOGRAPHY

During the course of the VBS program, photographs will be taken for VBS slideshows. Your signature on this form indicates your agreement to allow such photos of your child to be taken during the course of the VBS program. Any such photos will become the property of Colesville UMC and may be used for VBS ministry publicity as deemed appropriate.

CONDUCT

The leaders and volunteers of Colesville UMC expect VBS participants to conduct themselves in a manner that will foster an atmosphere of mutual respect. Your signature on this form indicates your understanding that in the case of repeated unacceptable behavior, your child may be dismissed from VBS. We appreciate your cooperation in this regard.

MEDICAL RELEASE

The leaders and volunteers of Colesville UMC are committed to providing a safe and nurturing VBS experience for your child. However, due to the nature of this activity and despite our best efforts, an unforeseen accident may occur. Please read and complete the following:

In the event of an emergency, we will attempt to contact you using the information you provide on this form. If you cannot be reached, your signature on this form indicates that you grant the Director of this program, or an authorized representative, permission to seek emergency medical treatment for your child at your expense, and indicates your consent for your child to receive medical treatment as deemed necessary by the examining physician. You assume full financial responsibility for any such care, if required.

Doctor's Name and Phone No. _____

Medical Insurance Company _____

Group No. _____ ID No. _____

PARENTAL CONSENT/WAIVER

I, an authorized parent or guardian of _____, give permission for this child to participate in VBS at Colesville UMC. By signing this form, I agree to release and hold harmless CUMC, its staff, VBS Director, authorized volunteers, and other authorized agents from any liability for any loss or injury that may occur.

Printed Name _____

Signature _____

Date _____