

Vacation Bible School

Sunday, July 16 - Thursday, July 20

6:00-8:00pm

Pre-registration is suggested. Please return completed forms to the Church Office or Lesley Toma. You may mail forms to: Trinity UMC, 1400 W. Bremer Ave, Waverly, IA 50677. Cost: \$5.00 suggested contribution per participants; maximum \$20.00 per family. Make checks payable to **Trinity UMC** and notate "VBS." Please complete one registration form for each child.



Participating Child

Child's Name _____ Child's Date of Birth _____

Age _____ Grade in Fall 2017 _____ (must turn 3 years old by September 15 to attend this year)

Names of Parents and adults authorized to pick up children. _____

Child's Home Address _____ City/State _____

Contact Information

Primary _____ phone _____ relationship (circle): parent / trusted adult

Additional _____ phone _____ relationship (circle): parent / trusted adult

Health Information

Please indicate any information about your child that we should know, I.E. allergies, medication, special restrictions, special needs, special friendships we should encourage, etc. _____

In the event of emergency, I authorize Trinity United Methodists' VBS Staff consent to appropriate medical treatment for my child _____ (signed)

Physician _____ Physician's Phone _____

Media Release

Trinity United Methodist Church may use photographs and video of my child's participation in VBS activities. I understand that photo and video images will NOT be labeled with children's names. circle: yes / no initial: _____

Signature of Parent/Guardian _____ date _____