



Student's Name: _____

Date of birth: _____ **Age :** _____

Parent/Guardian Name: _____

Address: _____

E-mail Address : _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

CHILDREN WHO ARE 4 YEARS OLD AND HAVE COMPLETED A 3 YEAR OLD PRESCHOOL PROGRAM THROUGH 6TH GRADE ARE ABLE TO REGISTER. PARENTS WHO WISH TO VOLUNTEER WILL ONLY WILL PERMITTED TO HELP IF CLEARANCES ARE ON FILE IN THE CHURCH OFFICE BY JUNE 1ST. ANYONE WITHOUT CLEARANCES WILL NOT BE PERMITTED TO STAY ON SITE DURING VBS HOURS TO ENSURE THE SAFETY AND PROTECTION OF THE CHILDREN.

Grade student is going to next school year: _____

Do you have a home church?

Allergies/Medical Information/Other:

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during VBS through video, photo and digital camera, to be used solely for the purposes of the Port Vue United Methodist Church's children ministries for promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent/Guardian's Signature:

Date: