

CROCODILE DOCK VBS

2017 VBS REGISTRATION – Macon United Methodist Church

VBS is July 24-27 (M-TH) from 5:30–8:30 PM for children Age 4 – 5th Grade. **Check-In time is from 5:15 – 5:30.** We will be serving dinner for registered children and VBS volunteers at 5:30 p.m.

Will your VBS-registered children be eating dinner? (Circle YES or NO).

Please indicate how many total will be eating dinner from your household: _____

Please return registration forms to Macon UMC's Church Office, 208 Pearl Street at your earliest convenience to help in planning and preparations.

2017-2018
Child's Name: _____ Grade: _____ Age: _____ DOB: _____
Child's Name: _____ Grade: _____ Age: _____ DOB: _____
Child's Name: _____ Grade: _____ Age: _____ DOB: _____
Child's Name: _____ Grade: _____ Age: _____ DOB: _____
Child's Name: _____ Grade: _____ Age: _____ DOB: _____

Parent / Guardian: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Parent's Email: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Allergy/Health Conditions (include food allergies, diabetes, special needs, anything that will affect your child's participation): _____

Wear Contacts? Yes No Wear Orthodontics? Yes No

TRANSPORTATION:

_____ **Please check if you require transportation to and from the church the week of VBS.**

Please have your child ready at 4:45-5:00 p.m., at address provided: _____.

They will be delivered at approximately 8:45-9:00 p.m. at address provided: _____.

If providing your own transportation arrangements, please list the names of people allowed to pick up your child from the church:

_____ Phone #: _____
_____ Phone #: _____
_____ Phone #: _____

Name of Health Insurance Company: _____

Policy Number: _____ Group Number: _____

In whose name is the insurance: _____

I understand that in the event medical interventions are needed, every attempt will be made to contact immediately the persons listed on this form. If the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent / Guardian

Date

For questions or more information, please call Director, Rhonda Linsley at 660-651-1613 or visit the church at 208 Pearl Street.

Adults must come inside the building each evening to pick up your child from the Worship Center and sign them out as you leave. Enter and exit from the single red door on the west side of the building.