



2022 VBS REGISTRATION FORM
Macon United Methodist Church
208 Pearl Street

VBS is July 25-28 (M-TH) from 5:30-8:30 PM for children Age 4 - 5th Grade. Doors will open at 5:15 PM. Dinner will be served to registered kids and volunteers at 5:30 - Worship starts at 6:00.

Pre-registration is required by July 20. To accommodate adequate staffing, we will not allow walk-ins if we are already at 60 registered kids.

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

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

Does Your Child Wear Contacts? Yes No Or Orthodontics? Yes No

TRANSPORTATION:

\_\_\_\_\_ Please check if you require transportation to and/or from the church for VBS.

Please have your child ready at 5:00-5:15 p.m., at address provided: \_\_\_\_\_.

They will be delivered at approximately 8:45 PM at address provided: \_\_\_\_\_.

If not needing transportation.....Who will be picking up your child from the church:

\_\_\_\_\_ 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 double glass doors on the west side of the building.**