



July 30 to Aug 3 from 9 a.m. to 11:30 a.m. | VBS Sunday is Aug 5 at 10:30 a.m.

2018 VBS Registration (\$30/child) & Medical Release Form (DUE 7/15/18)

Thank you for your interest in having your child(ren) attend Faith Kids' 2018 VBS where children aged 3 years old (must be 3 & potty-trained by June 1) thru 5th grade will experience the ride of a lifetime with God!

Please complete this Registration/Medical Release form, and submit it, along with your check for \$30 (made payable to Faith UMC) to the Children's Ministry Director, Brenda Wood, (by hand-delivering or mailing it to the church: 6340 W. Boynton Beach Blvd., Boynton Beach, FL 33437). **DUE BY JULY 15, 2018.**

T-Shirts will be available this year for \$5/shirt. Please write the quantity beside the appropriate line below:

Child Sm.: _____ Child Med.: _____ Child Lg. _____ Adt Sm.: _____ Adt. Med. _____ Adt. Lg.: _____

Not all children are able to afford a shirt, so if you would like to help by **SPONSORING A CHILD (or several!), please indicate how many shirts you would like to purchase on behalf of someone who can't: _____

****VOLUNTEER INFORMATION****

Our program's success depends on our volunteers! Please indicate your volunteer preferences below (mark all that apply):

Mon Tue Wed Thu Fri | PreK K-1st 2nd-5th

Group Leader Group Assistant | Activity Leader Activity Assistant

(Please note which activity you prefer or no preference)

Music Snack Bible Craft

OPEN TO ANYWHERE NEEDED

Please complete Parent/Guardian Information Below:

	Parent/Guardian #1	Parent/Guardian #2
Name		
Cell Phone		
Home Phone		
Work Phone		
Email		
Address:		

City: _____ State: _____ Zip: _____		

Contact me with any questions! Brenda Wood 561-779-7509

MEDICAL RELEASE FORM

Please complete information on each child who will be attending VBS:

Parent's Name: _____ Cell Phone: _____

	Name	Date of Birth	Allergies/Medical Restrictions?
Child 1			
	Circle: Male Female	Grade (going into):	
Child 2			
	Circle: Male Female	Grade (going into):	
Child 3			
	Circle: Male Female	Grade (going into):	

Emergency Contacts (MUST list two):

	Name	Relationship	Phone Number
Contact 1			
Contact 2			

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW, INDICATING YOUR ACCEPTANCE AND ACKNOWLEDGEMENT:

I, _____, the legal parent or guardian of: _____

- DO give permission for Faith United Methodist Church/Representative to render or seek medical care for my child(ren) in the event of an emergency where such care is required.
- DO recognize that participation in this program is voluntary and at the participant's own risk; therefore, I release Faith United Methodist Church, its pastors, staff and volunteers from liability for injuries sustained by my child, not due to willful or malicious neglect.
- DO give permission for Faith United Methodist Church to use photographs that may include my child(ren) for the purpose of publicity and web content.

Parent's Signature: _____ Date: _____