



“Rolling River Rampage”

CENTRAL UMC/FIRST PRESBYTERIAN CHURCH VACATION BIBLE SCHOOL

June 4-8 9-11:30am. Age 3 – 5th grade

Child: _____ Grade completed _____ age _____ shirt size _____

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Child: _____ Grade completed _____ age _____ shirt size _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Day-Time # _____ Cell # _____

Email Address: _____ Home Church _____

I can make a donation to help with VBS meals & expenses: Amount \$ _____ (optional) (payable to CUMC)

MEDICAL & EMERGENCY INFORMATION

EMERGENCY CONTACTS (if parent can't be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

DISMISSAL INFORMATION – Who may pick up your child at the end of each VBS day?

MEDICAL INFORMATION - Medical or other information we need to know. (please include any food allergies):

OTHER INFORMATION – Do you attend church or Sunday School? If so, where?

If attempts to contact parent/guardian and other contacts fail, does Central United Methodist/First Presbyterian Church Staff and/or Leadership have permission to authorize care recommended by licensed medical professionals? YES _____ NO _____

PHOTO RELEASE

Photos will be taken during VBS. These photos may be used on bulletin boards, for publicity outside each of the churches, on each church website, or in other church publications. Please indicate your preference below.

_____ YES, permission is granted for photo use of VBS enrollee. _____ NO, photo permission is not granted.

Signature of parent/guardian _____ Date _____