

# 2017 VACATION BIBLE SCHOOL REGISTRATION FORM

June 14th-16th  
5:30-7:30pm  
Gordon Street Gymnasium



Please fill out this form and return to your church or school group, or you can drop it off at  
Jefferson First Methodist's Church Office (57 Cooley Ave).

You can also register online at <https://vbspro.events/p/jfumcvbs>

Child's Name: \_\_\_\_\_ (One form per child please)

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Food Allergies\*: ☐ Yes ☐ No - If yes, list: \_\_\_\_\_

Medical Concerns\*: ☐ Yes ☐ No - If yes, explain: \_\_\_\_\_

*\*use back of form if more space is needed to share info related to allergies and/or medical concerns*

Family Doctor: \_\_\_\_\_ Doctor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Health Insurance \_\_\_\_\_ Member ID \_\_\_\_\_

Siblings Attending VBS (Names and Ages):

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Person(s) Name(s) Who May Pick up the Child if needed before regular dismissal:

*(see reverse side for car line agreement)*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the policies listed on the back of the Registration Form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CAMP OUT VBS POLICY AGREEMENTS

**Car Line Agreement:** *I understand that my child will be released to anyone displaying the official VBS car line tag with my child's name on it. If my child needs to be picked up before dismissal I understand that they will only be released to the individuals named on this form.*

**Photo/Social Media Agreement:** *I understand that by participating in Vacation Bible School (VBS) activities, I am giving permission for my child(ren)'s photograph/film to be taken and used for any lawful purpose associated with this VBS program on affiliated churches' websites and/or social media pages.*

**Medical Agreement:** *I agree to allow the volunteers and church staff members to provide basic first aid care to my child for any minor injuries sustained during VBS. I understand that if injuries appear to need further medical assessment, I will be contacted. In the case of an emergency, I agree to allow the VBS director to seek emergency medical support, including calling 911 or ambulance transport, if necessary.*

**VBS Agreement:** *I have read and understand the information listed on the VBS website.*

*Full information related to all VBS processes can be found on the Camp Out VBS website*

*<https://vbspro.events/p/jfumcvbs>*

*For specific questions please contact VBS Director, Renee Hilley at 404-372-6796 or [renee@jfumc.com](mailto:renee@jfumc.com)*

---

Please use this space to list any further health or medical information: