



Register Now for a  
**COOL**  
experience at Vacation  
Bible School!

Student's Name

---

Parent/Guardian Name

---

Address

---

E-mail Address

---

Phone Numbers -- Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

**CHILDREN WHO HAVE COMPLETED THREE YEAR OLD PRESCHOOL THROUGH 6TH GRADE ARE ABLE TO REGISTER. PARENTS WHO WISH TO VOLUNTEER WILL ONLY WILL PERMITTED TO HELP IF CLEARANCES ARE ON FILE IN THE CHURCH OFFICE BY JUNE 1ST. ANYONE WITHOUT CLEARANCES WILL NOT BE PERMITTED TO STAY ON SITE DURING VBS HOURS IN ENSURE THE SAFETY AND PROTECTION OF THE CHILDREN.**

Grade student is going to next school year \_\_\_\_\_

Home Church

---

Allergies/Medical Information/Other

---

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

Name(s) of person(s) who may pick up this child from VBS

\_\_\_\_\_  
\_\_\_\_\_

**PHOTO/VIDEO RELEASE FORM**

**I hereby give permission for images of my child, captured during VBS through video, photo and digital camera, to be used solely for the purposes of the Port Vue United Methodist Church's children ministries for promotional material and publications, and waive any rights of compensation or ownership thereto.**

Parent/Guardian's Signature:

Date: