

# SPLASH-Beach Party!

VBS

Sun. 7/15 - Thurs. 7/19 5:30 - 8:00pm

## Vacation Bible School Registration Form Presented by: Laingsburg UMC and St. Isadore Catholic Church

(Please be sure to complete the entire registration form – One per child)

Child's Name \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

### Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Age Information

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Last school grade completed \_\_\_\_\_ (can include 5<sup>th</sup> grade)

Home Church: \_\_\_\_\_

### In case we cannot reach you whom should we call next:

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

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

### Medications:

*(Please list all medications your child/youth will need to take while in the church's care, along with dosage and time instructions. Please be sure to notify VBS volunteers at registration.)*

\_\_\_\_\_

\_\_\_\_ I understand that these medications will be kept in the care of a designated supervising adult, and will only be taken by the child/youth in accordance with the above instructions.

*(See other side)*

**Allergies:**

*(Please list all allergies, i.e. medications, foods, "seasonal," etc.)*

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**Sign-In/Sign-Out Procedure**

The safety and wellbeing of the children here at Laingsburg United Methodist Church is our first priority. Please know that each evening, when signing your child into the church's care, you'll be asked to indicate who will be signing them out at the end of the evening. Please be sure that this individual signing your child out has a photo ID as it may be needed to ensure that your child is released safely and according to your wishes.

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**Photo Release**

Laingsburg United Methodist Church  
210 N. Crum Street  
Laingsburg, MI 48848

Permission to use Photograph(s)

**Event:** 2018 Vacation Bible School

**Location:** Laingsburg United Methodist Church  
210 N. Crum St.  
Laingsburg, MI 48848

**Participant:** \_\_\_\_\_

I grant to Laingsburg United Methodist Church, the right to take photographs of the above-named participant in connection with the above-identified event.

Furthermore, I agree that Laingsburg United Methodist Church may use such photographs with or without identification for any lawful purpose, including, but not limited to purposes of publicity, illustration, advertisement, and Web content.

Signature of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of legal guardian: \_\_\_\_\_

The safety of all children is an absolute priority for Laingsburg United Methodist Church, as well as of each volunteer. This photo release is designed to help make sure that the privacy and identity of children is protected in circumstances where it may be necessary. If you have questions or concerns about the purpose of this release, or any part of the release itself, please do not hesitate to speak with the Church's pastor, Rev. Brian West. His contact information can be found at the bottom of this form. We thank you for understanding the necessity for this particular step we are taking to create a safe and welcoming place for *all* children to be, learn, and grow in Christ.

Rev. Brian West  
210 N. Crum Street  
Laingsburg, MI 48848

Tel. (517)651-5531  
Email: [pastorbrianwest@gmail.com](mailto:pastorbrianwest@gmail.com)