



BUFORD FIRST UNITED METHODIST CHURCH
VBS Registration Form
June 5th - 9th
9:00 a.m. - 12:30 p.m.

All children ages 3 through 5th grade welcome! (All children must be potty trained)
Registration opens on April 1st! Register before April 30, for Early Discount fee of \$10 per child. After April 30, regular registration is \$15 per child.

Registration Deadline is May 15 - No Walk-Up Registration!!!

NOTE TO PARENTS: Please attach your registration fee directly to this form. **Checks should be made payable to "BFUMC" with your child's name and "VBS" on the memo line.** Completed forms should be returned to the church, or mailed to: BFUMC, Attn: Susan Rosenthal, PO Box 329, Buford, GA 30515.

Child's Name: _____ Date of Registration: _____

Date of Birth: _____ Gender (circle one): MALE FEMALE

Grade for **2017/2018 school year (what grade they will start in the Fall)** (or current age if not in school): _____

(please clarify grade by adding suffix, i.e. 1st grade, 2nd grade, 3rd grade, etc.)

Are there any conditions, special needs, or allergies we should be aware of? (Epi-Pen needs?) If yes, please explain:

Are there any health related information or activity restrictions? If yes, please explain:

T-Shirt size (CIRCLE ONE): Child XS (size 2-4) Child S (size 6-8) Child M (size 10-12)
 Child L (size 14-16) Child XL (size 16+) Adult S Adult M Adult L Adult XL Adult XXL

Street Address: _____

City: _____ Zip: _____ Home Phone Number: _____

Mom's Name: _____ Dad's Name: _____

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

*Home Email Address: _____ Home Church: _____

**Email address required for important correspondence*

Are you a BFUMC member? Yes No

Does your child attend BFUMC Preschool? Yes No

IN CASE OF EMERGENCY, WHEN PARENTS ARE UNAVAILABLE, PLEASE CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

List the names of persons who may pick up this child from Vacation Bible School each day:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The following Registration Fee is attached: *(this helps to pay for VBS materials, T-Shirts, etc.)*

_____ Cash _____ Check # _____

_____ \$10 Early Registration

_____ \$15 Regular Registration

Authorization to consent to treatment of minor:

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with children of the Buford First United Methodist Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We further assume all responsibility for the decisions so made and the emergency care or treatment so secured of my/our child. We understand that given proper time and circumstances, we will be notified by phone when treatment is needed. If time and circumstances do not permit, we will not be notified until after medical treatment.

Parent(s) or Guardian(s) Signature:

Media Release Authorization:

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby grant permission to Buford First United Methodist Church to use the likeness of my child in any video, electronic (web) promotional or educational materials as they see fit.

Parent(s) or Guardian(s) Signature:

We need your help to make VBS a week of fun and excitement for everyone! If you can help in any of the following ways, please check the appropriate box to receive additional information.

_____ I can help with a group or activity during the week of VBS

_____ I can donate supplies for VBS

_____ I can help with decorations/preparations before VBS

Staff Use Only:	Date Received:	Payment Received:	Cash	Check#
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