

Clarkston UMC Vacation Bible School Registration Form

July 9-13, 2018
Monday-Friday
9:00 am - 12:00 pm

Clarkston United Methodist Church;
1242 Highland Avenue

Snacks will be provided.

Pre-K through entering 6th grade. Participants must be potty-trained.
Please return registrations as soon as possible to secure your child's spot.

If you are interested in helping with this great program, please contact us. Thank you!

Vacation Bible School is a ministry of Clarkston UMC, provided to the community free of charge. Donations are always accepted to support the ministry, but are never required.

Please keep this sheet for future reference. Complete both pages of this form.
Please print clearly in ink and use a **different form for each camper**. This form is required for participation in Bible School. Please return it to Clarkston UMC or contact the church with any questions you may have!

Clarkston United Methodist Church

P.O. Box 183 / 1242 Highland Avenue
Clarkston, WA 99403
clarkstonumchurch.com

(509) 758-7551
umc@clarkston.com
www.facebook.com/clarkstonumc





Clarkston
United
Methodist
Church

Clarkston United Methodist Church VBS 2018 Registration Form

Please complete both sides and return to Clarkston UMC
or contact church with any questions!

Registration Information

Child's Name _____ Age _____ Birth date _____

Grade (as of fall 2018) _____ Home Church (if appropriate) _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian(s) _____

Day Time Phone Numbers (Please circle the best choice for reaching you during VBS.)

Home _____ Cell _____ Work _____

Email (optional) _____

Emergency Contact Person (Different than above)

Name _____ Relation to Child _____

Home _____ Cell _____ Work _____

How did you learn of this event? _____

Pick-up Information

For the safety of the children, all children will be signed in and out each day and will not be allowed to leave without an authorized adult, unless otherwise arranged with VBS staff.

Who is authorized to pick your camper up?

Photo Permission

I give Clarkston United Methodist Church permission to use photos and videos of my child taken at VBS in future promotion of Clarkston United Methodist Church ministries.

Parent or Guardian Signature _____ Date _____

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Health Information (Attach additional sheet if necessary)

Allergies to: (Please list all known allergies)

Medication _____
Please describe reaction and response _____

Food _____
Please describe reaction and response _____

Other _____
Please describe reaction and response _____

Medications: Please list all medications your child is currently taking and why.

Current Conditions: Please list any existing medical conditions the VBS staff should know about.

Restrictions: Please explain any activity restrictions (what cannot be done or needs to be adapted).

Additional Information: Please provide information, such as behavioral, physical, emotional, or mental health needs, etc. so we may better serve your child.

Family Doctor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian Authorization

- This health history is correct and complete to the best of my knowledge. I grant permission for the child described to participate in VBS activities except as noted.
- I grant permission to the VBS staff to provide routine and emergency medical care as necessary. I agree to release any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to the VBS staff to arrange necessary related transportation for the child.
- In the event that I cannot be reached, I give permission to the doctor listed above, or another available physician, to secure and administer treatment, including hospitalization, of the child described.

Parent or Guardian Signature _____ Date _____

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