



## 2017 VACATION BIBLE SCHOOL REGISTRATION

Please note that there are two weeks to choose from.  
Please clearly mark **ONE** of the two weeks.

Register before Friday, May 19th.

Choose *one* week on the registration form attached.

**JUNE 5-9, 9:00A.M.-12:00 NOON**

**JUNE 12-16, 9:00A.M.-12:00 NOON**

**WHO CAN ATTEND:** Children age 4 years old (before 9/1/2017) and toilet trained (in regular underwear) through 5<sup>th</sup> grade (will be in the 5<sup>th</sup> grade during the 2017-2018 school year)

**COST:** No charge. Donations for Mission Project and Thursday program and supper accepted.

**DRESS:** Casual play clothes and closed toe shoes for outside play

**CONTACT PERSON:** Chris Tench, Director of Children PHONE: 770-457-2525 ext. 211

**EMAIL:** ctench@chambleeumc.org

**THEME: HERO CENTRAL — Discover Your Strength in God!**

**Do good! Seek peace and go after it! - Psalm 34:14b**

**Celebration Thursday!** There will be a musical program on each Thursday night at 6:00 pm. The children will show off what they have learned throughout the week in song. A hot dog supper will follow! Details will be given out on the first day of VBS.

### **SPECIAL NOTES:**

- 1) There is **NO CARPOOL**. Parents are asked to walk their children to their classroom and pick them up from their classroom. Children will not be dismissed without a parent/adult present. **Pick up is at noon.**
- 2) **OFFERING.** Our goal is to raise a \$3,000 donation for the mission project. More information will be sent out at the beginning of the week.
- 3) **NO REMINDERS** will be sent. You will receive an email confirmation once your registration is processed.

# Vacation Bible School Registration Form

Please clearly mark one week on the registration form.

\_\_\_\_\_ JUNE 5-9, 9:00A.M.-12:00 NOON \_\_\_\_\_ June 12-16, 9:00A.M.-12:00 NOON

Children age 4 as of Sept. 1, 2017 through 5th grade may participate!

Child's Name \_\_\_\_\_ Attended Last Year: Yes / No

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Rising Class/Grade (2017-2018):** 4 year old Kindergarten 1st 2nd 3rd 4th 5th

Email: \_\_\_\_\_ **A confirmation will be sent to this email**

**Thursday Night, June 8th/June 15:** Please join us for the Music Program and Hot Dog Supper.

**Please RSVP the Number of Family that will attend:** \_\_\_\_\_

Address \_\_\_\_\_

City/St \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Cell # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_

Disclose ALL medical conditions: \_\_\_\_\_

*\* To ensure the safety of all the children we ask if your child has any food allergy/restriction that you provide their snack.* Epi Pen? Yes: \_\_\_ No: \_\_\_

Dismissal & Emergency Contact Information (To serve your child in case of ACCIDENT OR SUDDEN ILLNESS)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Siblings who will also be attending VBS

\_\_\_\_\_

Please initial and sign below for medical, photography, and liability release.

\_\_\_\_\_ I hereby authorize a representative of Chamblee First United Methodist Church (CFUMC) to give consent for any and all medical care for my child while said child is in CFUMC custody. I further agree to be responsible for the expenses of any such medical care or treatment, including transportation expenses, and to hold harmless and release CFUMC, its pastors, employees, agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that might be suffered by said child as a result of such medical treatment or care or as a result of any reasonable palliative measures that such pastors, employees, agents or volunteers might take to said child's attendance by trained medical personnel.

\_\_\_\_\_ I further grant permission to CFUMC, its pastors, employees, agents or volunteers to take and use the child's first name, picture or photograph in all forms and manner for display, publication, advertising, promotion and any other lawful purpose.

\_\_\_\_\_ The undersigned further releases hold harmless and forever discharges CFUMC, its pastors, employees, agents or volunteers from any and all past and further claims, damages, liability or cost arising out of or related to the aforementioned medical care and picture uses.

\_\_\_\_\_ If the child is a minor, the undersigned representative warrants that the undersigned is the parent or legal guardian of the child and has legal authority to execute this agreement.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Office Use Only:**

Group: \_\_\_\_\_

C.C. \_\_\_\_\_

Tag: \_\_\_\_\_