



2018 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 18th.

Choose *one* week on the registration form attached.

JUNE 4-8, 9:00A.M.-12:00 NOON

JUNE 11-15, 9:00A.M.-12:00 NOON

WHO CAN ATTEND: Children age 4 years old (before 9/1/2018) and toilet trained (in regular underwear) through 5th grade (will be in the 5th grade during the 2018-2019 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

EMAIL: ctench@chambleeumc.org

THEME: Rolling River Rampage — Experience the Ride of a Lifetime with God!

When you pass through the waters, I will be with you. - Isaiah 43:2

Celebration Thursday! There will be a musical celebration on each Thursday night at 6:00 pm. The children will show off what they have learned throughout the week in song and dance. 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 4-8, 9:00A.M.-12:00 NOON

_____ June 11-15, 9:00A.M.-12:00 NOON

Children age 4 as of Sept. 1, 2018 through 5th grade may participate!

Child's Name _____ Attended Last Year: Yes / No

Age _____ Date of Birth (month/day/year) _____ Boy _____ Girl _____

Rising Class/Grade (2018-2019): 4 year old Kindergarten 1st 2nd 3rd 4th 5th

Email: _____ **A confirmation will be sent to this email**

Thursday Night, June 7th/June 14: Please join us for the Music Celebration and Hot Dog Supper.

Please RSVP on the *youngest child's* form 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: _____