



**Vacation Bible School
Registration Form
St. Paul United Methodist
Church**

Please also fill out and turn in the Behavior Contract and VBS Consent Form.

Child's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Grade completed this May _____ Grade for school year 2006-07 _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS each day

Photo Release: Can your child be photographed and the picture appear in church news articles in print and on the church website? (Circle one:) Yes No

Extended Care: Will you need childcare in the afternoons in order for your child to participate in VBS? (If you circle yes, we will send you information on extended care.

Extended childcare registration deadline is May 1.) Yes No

Other Information (church use only)

Treasure Group _____

Are parents helping with VBS? _____ (if yes,) Where? _____

Parent/Guardian Consent Form for Vacation Bible School 2006 at St. Paul UMC

Name of Child	Age	Birthdate
Address	Phone	
City	State	Zip

Parent/Guardian(s) Business or Mobile Phone(s) _____

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____, (Name of Child)

to attend and participate in activities sponsored by Saint Paul United Methodist Church during Treasure Seekers Vacation Bible School 2006 events.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist 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.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Saint Paul United Methodist Church during Treasure Seekers Vacation Bible School 2006 events.

Hospital Insurance Yes No

Insurance company _____	
Policy number _____	Parent Signature _____ Date _____
Physician's name _____	_____
Physician's phone _____	Parent Signature _____ Date _____
Emergency phone numbers _____	_____
_____	Legal Guardian _____ Date _____

BEHAVIOR CONTRACT FOR TREASURE SEEKERS VACATION BIBLE SCHOOL

This contract helps all of us—children, youth, adult volunteers, and parents/guardians—know what behavior is expected of us at St. Paul during Treasure Seekers VBS. This contract should be signed by each child and their parent/guardian. Each adult and youth volunteer will sign one as well, so we can all help each other remember.

Please talk with your child about what these expectations are and how they can remember them during VBS. Also, **please have your child sign the contract** (the best he or she is able to write/sign his or her name) and sign it yourself.

At Treasure Seekers Vacation Bible School, I will

Listen.

This means listening to anyone whose turn it is to speak.

Be safe.

This means making safe choices including staying with our adults, walking, keeping our feet on the floor, and our hands to ourselves and following directions that help keep us safe.

Be respectful.

This means being kind to everyone and treating people like you want to be treated.

Signature of child

Signature of parent or guardian