

Registration Vacation Bible School July 13-17, 2009

Peoples UMC 310 Broadway S. Portland, ME 04106

(207) 799-6814 thearrison@peoplesumc.com

Contact Information

Child's Name: _____

Parent / Guardian Name(s): _____

Address: _____

Email: _____

Phone Numbers: Home _____

(Circle best number to reach you Cell _____

in an emergency) Work _____

Local Emergency Contact (Other than Parent / Guardian in case we can't reach you)

Name: _____ Phone: _____

Age Information

Date of Birth: _____ Age: _____ Grade in Fall: _____

Allergies / Medical Information / Other

Dismissal Information

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

Parent(s)/Guardian(s) listed above only

Other Names: _____

Photo Release

I give permission for my child's photo to be displayed in the family slide show, church newsletter, etc. Yes / No

Other Information (church use only)

Ranch Group: _____ Parent Volunteer? _____

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Emergency Treatment Release
Vacation Bible School July 13-17, 2009
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Your child cannot be transported to the hospital or receive medical attention of any kind until the parent/guardian arrives unless this form is signed.

I hereby give permission for the Peoples United Methodist Church to transport my child _____ to any licensed physician, dentist or hospital for necessary emergency medical service at the request of the person bearing this consent form.

Signature of Parent / Guardian

Date of Release

Family Medical Information in Case of Emergency

Name of Pediatrician: _____

Phone: _____

Name of Dentist: _____

Phone: _____

Note: If registering multiple children, a separate form needs to be filled out for EACH child. However, the contact information and family medical information need only to be filled out on one of the forms. Thank you!

SEE REVERSE