

First United Methodist Church

Vacation Bible School 2022 Registration Form

Child's Name: _____

Date of Birth: _____

Sex: ☐ Female ☐ Male

Child's Age - __ years and __ months

Child's Address: _____

City: _____ State: _____ Zip: _____

Parent Name (1st Contact) _____ Driver's License #: _____

Relation to Child: _____

1st Contact Ph #: _____ 2nd Contact Ph. # : _____

Parent email: _____

Parent Name (2nd contact): _____ Driver's License: _____

Relation to Child: _____

1st Contact Ph #: _____ 2nd Contact Ph. # : _____

Parent email: _____

An Additional Emergency Contact: _____ Relationship to the child: _____

1st Contact Ph #: _____ 2nd Contact Ph. # : _____

Health Information: Doctor's Name: _____

Family Hospital Preference _____

Address: _____ City: _____ State: _____

Phone: _____

Are there any health issues or special needs we need to be aware of: ☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No If yes, list any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries, during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of (use back or another sheet of paper if necessary)

"Authorization To Pick Up" Form

Child's Name _____

Date of Birth ____/____/____

I hereby authorize ***First United Methodist Church*** to allow my child to leave with the following persons.

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number : _____

Secondary Contact Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number : _____

Secondary Contact Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number : _____

Secondary Contact Phone Number: _____

Name: _____

Relationship to child: _____

Address: _____

Primary Contact Phone Number : _____

Secondary Contact Phone Number: _____

Photo Release Form

CHILD/YOUTH

NAME _____ Date: _____

There will be occasions over year that pictures will be taken of the FUMC children/youth, either by church members, FUMC staff, or by the Taylor Daily Press. Our church uses these pictures in advertising of the church to the community and also posts to our Website and Social Media Pages (Facebook, Twitter, Instagram). Please sign this form indicating your wishes on posting your child/youth's picture in printed media and/or social media.

Photo Release:

- ☐ I give FUMC permission to take and publish photos of my child/youth involved in fun and spiritual learning. These are displayed at church events and attached to in weekly emails.
- ☐ I do NOT give permission for my child/youth to be included in any of the FUMC pictures displayed at church events and attached to in weekly emails.

Parent/ Guardian Signature: _____

Social Media Release:

- ☐ I give FUMC permission to take and publish photos and videos of my child/youth involved in fun and spiritual learning. These are displayed on the FUMC website and Social Media pages.
- ☐ I do NOT give permission for my child/youth to be included in any of the FUMC pictures to be posted on the FUMC website and Social Media pages.

Parent/ Guardian Signature: _____

Advertising Release:

- ☐ I give First United Methodist Church permission to use my child's photo in promotional publications, videos or on our web site.
- ☐ I do not give First United Methodist Church permission to use my child's photo in promotional publications, videos or on our web site.

Parent/ Guardian Signature: _____