

First United Methodist Church of Taylor

**Vacation Bible School 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 (1<sup>st</sup> Contact)** \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

1st Contact Ph #: \_\_\_\_\_ 2<sup>nd</sup> Contact Ph. # : \_\_\_\_\_

Parent email: \_\_\_\_\_

**Parent Name (2<sup>nd</sup> contact):** \_\_\_\_\_ Driver's License: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

1st Contact Ph #: \_\_\_\_\_ 2<sup>nd</sup> Contact Ph. # : \_\_\_\_\_

Parent email: \_\_\_\_\_

An Additional Emergency Contact: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

1st Contact Ph #: \_\_\_\_\_ 2<sup>nd</sup> 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 that pictures will be taken of the VBS participants, 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: \_\_\_\_\_