

Puyallup, Summit, and Whitney Memorial UMC's
2010 Vacation Bible School Registration

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: ____/____/____ Current Age: ____ Entering Grade: Pre-K K 1 2 3 4 5 6

Parent's Names: _____

Brought to VBS by: _____ Phone #: _____

Emergency contact during VBS: Name: _____ Phone #: _____

Known allergies or special needs: _____

for VBS Staff use Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____

2010 Vacation Bible School Registration, continued

Name: _____ Birth Date: ____/____/____

Who may pick up the child? _____
(Advance written notice will be required. Photo identification will be required.)

Is there anyone who is to have "No Contact" with the child? _____

Media Release: I, the undersigned, do hereby grant permission to Puyallup United Methodist Church to use the image of my child, named above. Such use includes, but is not limited to, the display, distribution, publication, transmission or other use in printed materials, brochures, newsletters, videos, and digital media such as the Puyallup United Methodist Church web site. I agree that these images may be used by Puyallup United Methodist Church for a variety of reasonable purposes and that these images may be used without further notifying me. I do understand that my child's name will **not** be used in conjunction with any video or digital images

Parent/Guardian Signature: _____

Name of church you attend: _____

If you do not normally attend this church, would you like to be invited to future events? Yes No