Mt. Zion UMC Vacation Bible School
Aftercare Registration Form
July 12-16, 2010, 12:30-4:30
Registration Deadline – June 14

REGISTRANT INFORMATION

1. _____
   Last, First* Age Grade Entering 2010-11

2. _____
   Last, First* Age Grade Entering 2010-11

3. _____
   Last, First* Age Grade Entering 2010-11

Allergies/Special Instructions_____
_____
_____

EMERGENCY CONTACT INFORMATION

1. _____
   Last, First Relationship to Child
   _____
   Phone Number Cell Phone Other Phone

2. _____
   Last, First Relationship to Child
   _____
   Phone Number Cell Phone Other Phone

3. _____
   Last, First Relationship to Child
   _____
   Phone Number Cell Phone Other Phone

PERMISSION/RELEASE

I give permission for _____ to participate in all activities associated with Mt. Zion UMC's VBS Aftercare. I understand that my signature grants permission for any necessary emergency medical care. I waive any and all claims against Mt. Zion UMC and its employees and appointed leaders. I understand that pictures and videos that include my child (without identifiable names) may be used for publicity purposes.
Parent's Signature_____Date_____

*Every child participating in aftercare should bring a lunch each day marked with their name.

Note: In order for aftercare to take place, there is a minimum number of registrants required. Likewise, there will be a maximum cap on registration, and will be on a "first come first served" basis.

OFFICE USE ONLY
Check here ☐
when payment has been received.