

Camden Methodist Church VBS Registration Form

Child (1) FIRST NAME _____	LAST NAME _____
Birthdate (1) _____ (mm/dd/yyyy)	
Grade Entering (1) _____	Child's School Name (1) _____
Does Your Child Have Allergies (1) _____	
Child (2) FIRST NAME _____	LAST NAME _____
Birthdate (2) _____ (mm/dd/yyyy)	
Grade Entering (2) _____	Child's School Name (2) _____
Does Your Child Have Allergies (2) _____	

First Parent/Guardian: FIRST NAME _____	LAST NAME _____
Email _____	Phone Number _____
Second Parent/Guardian: FIRST NAME _____	LAST NAME _____

Child's Home Address: (address, city, state, zip code) _____	

Child's Home Phone Number: _____	
Emergency Contact: FIRST NAME _____	LAST NAME _____

Please Read and Sign Below:

I hereby approve of my son/daughter's participation in the Anchored Vacation Bible School program at Camden Methodist Church. Release of Liability: By signing this form, and check-marking the agreed box, I understand there are risks associated with all activities including Anchored VBS activities. I agree not to hold Camden Methodist Church, staff, leadership, or volunteers liable for any harm that may accidentally occur through the normal course of the VBS program. I understand that everyone will make every reasonable attempt to provide a safe and caring environment for my child. Photo Release: By signing this form, I authorize Camden Methodist Church to take pictures of my child during VBS. I also authorize the use of said pictures for the purpose of newsletters, church websites, church Facebook page, digital online, social media sources, and other promotional/informational usage.

I APPROVE OF MY SON/DAUGHTER'S PARTICIPATION: YES NO

Checkmark days your child will be attending Wednesday, June 14th / Thursday, June 15th / Friday, June 16th.

Signature: (First and Last Name) _____.

VBS Mission - Methodist Home for Children
Donations Welcome