**Please complete a separate form for each FAMILY**

|  |  |
| --- | --- |
| **Fee Schedule** | |
| **Grade (in fall of 2012)** | **Fee** |
| Grade K-5 | $100 – first child or $50 for first time camper to VBS  $50 – each additional child (same family) |
| Late registration – **application received or post marked after June 17th, 2012** | $25 per application |

**Participant:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | |  | | |  |
|  | **Last** | **First** | **Age** | **Grade**  **(in Fall 2012)** | **Fees** | **t-shirt**  **size** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**Parent/Guardian:**

|  |  |  |
| --- | --- | --- |
| **(1) Home Address:** | **City:** | **Zip:** |
|  |  |  |
| **Name:** | **Parent e-Mail:** | **Cell or Pager #:** |
|  |  |  |
| **Home Phone:** | **Work Phone:** | **VBS Volunteer?** |
|  |  | **YES / NO** |
| **(2) Home Address:** | **City:** | **Zip:** |
|  |  |  |
| **Name:** | **Parent e-Mail:** | **Cell or Pager #:** |
|  |  |  |
| **Home Phone:** | **Work Phone:** | **VBS Volunteer?** |
|  |  | **YES / NO** |

**Emergency Contact (during vbs hours):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relation(to child)** | **Home #** | **Work#** | **Cell/Pager#** | **Pick up authorized?** |
|  |  |  |  |  | **YES / NO** |
|  |  |  |  |  | **YES / NO** |

**Sign in/Out and/or Pickup Authorization (list the people, other than parents & emergency contacts):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation(to child)** | **Home #** | **Work#** | **Cell/Pager#** |
|  |  |  |  |  |
|  |  |  |  |  |

**Medical Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child Name** | **Child Physician:** | **Physician Phone:** | **Hospital Preference:** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
|  | **Insurance Company** | **Group ID/Subscriber ID** | **Subscriber’s Name/Relationship** | |
|  |  |  |  | |

**List health concerns including allergies & medications being taken or other limitations to activities:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Allergies or Health concerns:** | **Medication:** | **Self-Administrator:** |
| **1** |  |  | **YES / NO** |
| **2** |  |  | **YES / NO** |
| **3** |  |  | **YES / NO** |

**I understand that all safety measures possible will be exercised while my child is attending Vacation Bible School. In the event of an unforeseen accident (either while at church, in route to and from field trips or while on a field trip), I authorize adults in charge to render or seek medical assistance. I hold Blaine Memorial United Methodist Church, employees of the church and the volunteers harmless from blame.**

I consent the use of my child(ren) pictures in church publish materials.

I do not want my child(ren) pictures to be use in any publish materials.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IMPORTANT REMINDER:*** In order to focus on the ministry of VBS and provide a safe environment for the VBS participants, cell phones, MP3/ipods, etc. should be left at home or off during camp hours.

**Please drop off the completed form with payment to the church office or mail to:**

**Blaine Memorial UMC ~ Attn: VBS Registration**

**3001 24th Avenue South ~ Seattle, WA 98144**