

Child Registration Form

Aldersgate United Methodist Church
1201 Irvine Blvd. Tustin, CA 92780 * (714) 544-3653



Vacation Bible School June 25 - 29, 2018

PLEASE put down a friend request even if you are not sure if the person is attending.
It is difficult to change groups once they have been formed. THANK YOU!

Child's Name	Date of Birth	Age (current)	Grade (in FALL)	T-Shirt Size (Circle Please)
1.	____/____/____			xs s m l xl <u>Child</u> or <u>Adult</u>
If possible, I request to be with:	Allergies or Health Concerns? _____ If yes, please give details:			
2.	____/____/____			xs s m l xl <u>Child</u> or <u>Adult</u>
If possible, I request to be with:	Allergies or Health Concerns? _____ If yes, please give details:			
3.	____/____/____			xs s m l xl <u>Child</u> or <u>Adult</u>
If possible, I request to be with:	Allergies or Health Concerns? _____ If yes, please give details:			

Parent/Guardian names: _____

Address: _____ City: _____

Zip _____ Email: _____

Mother's work/cell #: _____ Father's Work/cell #: _____

Emergency contact (other than parent/guardian): Name _____

Emergency contact #: _____ Relationship: _____

Is Aldersgate your home church? Yes or No Do you have a home church? Yes or No

Will your child be attending the Aldersgate Children's Center during VBS week? Yes or No

PLEASE COMPLETE THE OTHER SIDE

Medical Release:

There is an assumption of risk by participating in any kind of physical activity during VBS. As a parent or guardian registering your child, you will encourage your child to follow safety rules while on Aldersgate property. I hereby give my permission for a **volunteer** to administer minor first aid in the event it becomes necessary in my absence. Every attempt will be made to contact parents/guardians if an injury occurs.

Parent/Guardian signature: _____

Photo Release:

I hereby grant the Aldersgate United Methodist Church, Tustin, California permission to use my child(ren)'s likeness in a photograph for internet and newsletter content, without payment or any other consideration. This includes, but is not limited to, the AUMC website, Facebook, Instagram and the GatePost newsletter. I understand and agree that these materials will become the property of the Aldersgate United Methodist Church and will not be returned. I hereby irrevocably authorize Aldersgate United Methodist Church to edit, alter, copy, exhibit, publish photos of myself for purposes of publicizing Aldersgate United Methodist Church programs or for any other lawful purpose. I hereby certify that I am the parent or guardian of

(1) _____, (2) _____,

(3) _____ named above, and do hereby give my consent without reservation to the foregoing on behalf of this person

Parent/Guardian signature: _____

Payment:

Registration is Sunday, April 22 — Sunday, June 17th OR until full

Cost: \$40/child or \$100/family of 3.

- 1. Number of children registering: _____ x \$40 = \$ _____
- 2. Optional take home CD
Number of CDs _____ x \$ 5 = \$ _____
- 3. Total \$ _____

Please make all checks out to AUMC and indicate VBS in the memo.
Scholarships Available

For office use only: Check # _____ Cash: _____ Received CD: _____ Still needs CD: _____