



East Stroudsburg United Methodist Church
83 South Courtland St, East Stroudsburg, PA 18301
570-421-3280

Vacation Bible School Registration Form
July 9-13, 2018/8:55 am-12 pm

Name: _____ DOB ____/____/____ Grade Entering Fall _____

Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Home Phone: (____) _____ Email Address: _____

In case of emergency, contact: _____ Relation _____

Emergency contact: Home Phone Number: (____) _____ Cell: (____) _____

Home Church: _____

Note: All 3 year olds that are registered for VBS must be potty-trained

Parent's Signature: _____ Date: _____

*Please complete the **Medical Form on the reverse side** of this form.

**East Stroudsburg United Methodist Church Photography Release Form
Parent/Guardian's Authorization**

As the custodial parent/guardian of the participant named above, I give my permission to East Stroudsburg United Methodist Church Vacation Bible School to photograph my child in a group setting during VBS. The photos may be used by the church in the Church newsletter, displays, or on the Church website.

Please Initial _____ Date: _____

If you need accommodations regarding the photography release form, please see us on Monday, July 10 at the registration desk.

COMPLETE THE REVERSE SIDE OF THIS FORM.



East Stroudsburg United Methodist Church

VBS Health/Medical Release Form

This form is valid for the week of July 9-13, 2018. Form must be completed in full, please print clearly.

Name of Child: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Father/Guardian's Name: _____ Cell Phone: _____

Mother/Guardian's Name: _____ Cell Phone: _____

If Parent(s) not available

Alternative Contact Person: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Information: If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is in this event/activity

Do you have health insurance? YES _____ NO _____

Name of Insurance Company: _____

Family Doctor: _____ Phone Number: (____) _____

List any special needs your child might have: _____

List any medications your child is currently taking: _____

List any and all severe food allergies: _____

Does your child suffer from any of the following? Hay Fever _____ Insect Stings _____ Frequent Stomach Upsets _____

Diabetes _____ Frequent Headaches _____ Asthma _____ Nervous Disorders _____ Epilepsy _____

Physical Handicap _____ Any major illness during the past year _____ Other _____

*If any of the above is checked, please give details including treatment and/or allergic reactions:

Any activity restrictions: YES _____ NO _____ If yes, what activity: _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, an attempt will be made to immediately contact the persons listed on this form. In the event that we cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the EMT's, physical, or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery from my child which is deemed medically necessary.

I understand all reasonably safety precautions will be taken at all times by East Stroudsburg UMC and its agents during the events and activities. I understand the possibility of unforeseen hazards and know that inherent possibility of losses, diseases or injuries incurred by my child.

Parent/Guardian Signature: _____ Date: ____/____/____