



Fairview United Methodist Church

Vacation Bible School

June 25-29, 2017, 6:00PM-8:30PM



Child's Name _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ **State** _____ **Zip Code** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____ **T shirt size(s-xl)** _____

Date Of Birth _____ **Age** _____ **Last Grade Completed** _____

Home Church _____

Allergies/Medical Information/Other:

Emergency Contact Information:

Name: _____ **Phone #** _____

Name: _____ **Phone #** _____

Name of person/people who may pick this child up from VBS

I understand that while participating in church affiliated events, photographs and videos may be taken of my child. By initialing and signing within the appropriate place I am agreeing or disagreeing to allow these photos and/or videos to be used for display or use in the church bulletin, newsletter, website or during services. Please Initial below

_____ **I agree to Allow FUMC to use my child's photograph/video.**

_____ **I do not agree to allow FUMC to use my child's photograph/video**

Parent/Guardian Signature: _____ **Date** _____