



# VBS ELEMENTARY

## Registration Form

1st through entering 6th Grade

(ALL 1st graders must be age 6 by Sept. 1, 2013)

July 29-Aug 2, 9-12:15pm

LAKWOOD UNITED METHODIST CHURCH

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_  
(must be age 6 by 9/1/13)

T-shirt Size: CXS CS CM CL AS AM AL AXL

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Is your child on medication? \_\_\_\_\_ Will your child be on medication during the summer? \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

Name ONE friend (from your grade) that you would like in your group: \_\_\_\_\_

\*We will do our best to place your child with one friend.

Please list the names of those who will be allowed to pick up this child (other than a parent):

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of LUMC? Y/N

### **Medical, Publicity and Child Release Authorization**

I, the parent and/or legal guardian of the above named minor do hereby appoint Lakewood United Methodist Church to act on my behalf in authorizing emergency medical, dental, surgical care and/or hospitalization for this child in the event I cannot be reached. I agree to be financially responsible for all treatment. I give permission for my child to be picked up by the persons listed above. I give permission for my child's picture to be used in LUMC publications.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form and fee payment to LUMC at 11330 Louetta Road, Houston TX 77070

Please make checks payable to LUMC.

All VBS questions may be directed to Mingo or Peggy@281-370-2273 or children@lakewoodumc.org

**\$20 FEE PER CHILD  
INCLUDES T-SHIRT & ALL SUPPLIES**

**PLEASE INCLUDE PAYMENT WITH  
REGISTRATION**



### **For Office Use Only:**

Date Rec'd \_\_\_\_\_

Cash/ Ck /CC \_\_\_\_\_

Group \_\_\_\_\_