

PRESCHOOL VBS

Registration Form

Nursery, Preschool and entering Kindergarten

July 29-Aug. 2, 9:00-12:15 pm

LAKEWOOD UNITED METHODIST CHURCH



Child's Name _____

Date of Birth _____ Age _____ Entering Kinder? Y/N

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

****This age group requires a parent/adult volunteer for VBS in order to attend****

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 _____