

Follow these directions carefully to complete the registration form.

1. Fill in first and last names, giving the child's name as you want it on the name tag.

2. For each child, list the age-level group or grade.

a. **3-year-olds through kindergartners:**
List the age-group in which you would like your child.

Three-Year-Olds.....must have turned 3 years old by December 1, 2016

Four-Year-Olds..... children that are 4 years old

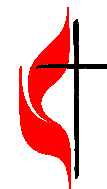
Kindergarten.....completing Kindergarten June 2017

b. **1st Grade – 5th Grade:** Register for the grade they are in currently.

c. If you feel your child would benefit from additional assistance due to special needs, please contact Abby Shephard at 835-6797 ext.113 or ashephard@fumcmid.org

3. Friends: You may list 1-2 friends you want assigned to your child's class. Once assignments are made, changes may not be possible.

Any questions, please contact Abby Shephard at 835-6797 ext. 113 or ashephard@fumcmid.org



Midland First United Methodist Church



VBS Registration 2017

June 19-23, 2017
9:00 am-12:00 pm

Classes for children & youth
3 1/2 years old - 5th graders.

*(Nursery care and class
for 2's-young 3's
for children of VBS volunteers)*

**Complete & return
by Monday, May 15, 2017**

Midland First United Methodist Church

315 W Larkin St
Midland MI 48640-5152
Phone: 989-835-6797
Fax: 989-835-8935

This form must be filled out completely!

Member/Participant at First United Methodist? YES or NO Other church you attend? _____

Mother (First & Last) _____ Email _____

Address _____ Zip _____ Home phone _____ Work _____

Father (First & Last) _____ Email _____

Address _____ Zip _____ Home phone _____ Work _____

Doctor _____ Dr. Phone _____

Emergency contact during VBS: _____ Phone _____

Health Insurance Carrier: _____ Policy # _____

If your child will be going to their regular childcare provider, please provide childcare provider's Name _____ Phone _____

I am helping during VBS and will need: _____

Nursery care for _____ 2-year-old care for _____

You have my permission to seek emergency treatment: _____ signature of parent or guardian _____ date _____

MEDIA RELEASE

Yes. First United Methodist Church (Midland, MI) may post a photograph and/or video of my child on the church's website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.

No. I ask that First United Methodist Church (Midland, MI) not post photographs and/or videos of my child on the church's website or use a photograph of my child in their publications.

Signed _____ Date _____

Parent/Guardian's Signature

1st Child: First Name of child (as wanted on nametag) _____ Gender: M F

Birthdate ____/____/____ Age Group (3 yr) (4 yr) (K) _____

Current Grade (1st - 5th) _____ Friends _____

Allergies _____

2nd Child: First Name of child (as wanted on nametag) _____ Gender: M F

Birthdate ____/____/____ Age Group (3 yr) (4 yr) (K) _____

Current Grade (1st - 5th) _____ Friends _____

Allergies _____

3rd Child: First Name of child (as wanted on nametag) _____ Gender: M F

Birthdate ____/____/____ Age Group (3 yr) (4 yr) (K) _____

Current Grade (1st - 5th) _____ Friends _____

Allergies _____