



Vacation Bible School
Cranford United Methodist Church
 9912 Old Colchester Rd, Lorton, VA 703-339-5382
June 17-June 21, 9 a.m. to 12 p.m.
June 21, 12:30 p.m. (In the Wild Assembly & Luncheon)
Preschool (must be potty-trained)-6th Grade

Registration fee now through June 12: \$15 for the 1st child,
 \$10 per additional child (\$40 max per family)*

Forms must be postmarked or received in the church office before 12 p.m. June 16 to receive the discount.

Registration fee after June 12: \$20 for the 1st child,
 \$15 per additional child (\$50 max per family)*

*Registration fee includes t-shirt, craft supplies, and snacks

Children's Name(s):	Age/School Grade Completed June 2019:	*T-Shirt Size:	Group: (church use)
Child #1: _____	_____	_____	_____
Child #2: _____	_____	_____	_____
Child #3: _____	_____	_____	_____
Child #4: _____	_____	_____	_____

*Indicate child's t-shirt size above, as follows: Childs: CS, CM, CL or Adults: AS, AM, AL, AXL

Parent/Guardian Name(s):

Address:

Preferred Phone Numbers:

Home: _____

Work: _____

E-Mail: _____

Cell: _____

Home Church: _____

Please join us for an In the Wild Assembly and Luncheon on Friday, June 21, 12:30 p.m.
as the children show off the songs, stories, and scriptures they have learned!

Yes, we will have: _____ Adults and _____ Kids (include registered kids)!

Interested in ordering an In the Wild CD with all the songs? (Please include with your registration fee.)

Cost is \$6.00 for each CD I would like _____ CD(s) = \$_____

I would like to help in the following way(s):

- Pass out neighborhood flyers
- Volunteer during Camp
- I would like to receive news about Cranford UMC
- Contribute snack/craft items

Child Information and Emergency Care Permission
(This section must be completely filled out in order for your child(ren) to participate!)

Name of Family Physician: _____ Phone: _____

Date of Birth: _____

Child #1: _____ Child #2: _____ Child #3: _____ Child #4: _____

Allergies/Medical Information/Other (Allergies to Food, Medicine, Bees, etc.; Conditions; and/or Special Needs):

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Current Medication(s):

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up your child/children from VBS each day other than yourself. (Your child/children will not be allowed to leave with anyone not listed below.)

Name _____ Phone _____

Name _____ Phone _____

“In the event of an emergency, Cranford UMC has my permission to obtain Emergency Services.”

Signature of Parent/Guardian

Date

During VBS, your child may be photographed. If you do not want identifiable photos of your child(ren) published on our website or included in newsletter(s)/brochure(s), please check here.

Church Use Only

Are parents helping with VBS? Yes/No
(if yes, where?) _____