

**Date and time of VBS 2018**

August 6-9

5:30-7:30p.m. at First Church United

11:00 N. Calhoun Street, West Liberty

Phone: 627-2989

Dinner provided. **Register August 1<sup>st</sup> at 6:00 at FCU.**



**Confidential Registration Form**

Child's name: \_\_\_\_\_

Nickname/preferred name to be called: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Last school grade completed: \_\_\_\_\_

Home faith community (if any): \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies/medical needs the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tell us anything special you'd like us to know about your child (use back side if you'd like)

This will/will not be my child's first large-group experience other than Sunday school.

Special needs/circumstances: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Photo Release:

On occasion we publish photos of activities in the newsletter, West Liberty Index or on the website. By signing below you give authorization for your child's photo to be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO FIRST CHURCH UNITED**

**by Monday, August 1<sup>st</sup> between 6-7p.m.**

1100 N CALHOUN ST., WEST LIBERTY, IA 52776

319-627-2989

