



VACATION BIBLE SCHOOL

At Wilson UMC

July 31-August 3, 2023

9am-12pm

\$20 per child/\$15 each additional child



Child's Name: _____ Nickname: _____

Child's Age *: _____ Grade in the Fall: _____ Date of Birth: ____/____/____

*Child must be at least 3 1/2 years old (and potty trained) through completing 5th grade.

**Additional children listed on back

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Do you attend Wilson UMC? _____ Yes _____ No If no, where? _____

Emergency Contact Info (when a parent/guardian can't be reached):

Name: _____ Phone #: _____

Adults (other than parent/guardian) who may pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies, Restrictions or Special Instructions: _____

Check here if you are available to volunteer for one or more days.

Parent's Signature

Date

Please see reverse side for Emergency and Photo Release.

Registration deadline: July 14th (classes are limited and will be filled don a first come, first serve basis).

Drop off or mail registration form and fees to:

Wilson UMC, 6460 Flying W Ranch Rd, Colorado Springs, CO 80919

Additional Children

Child's Name: _____ **Nickname:** _____

Child's Age *: _____ Grade in the Fall: _____ Date of Birth: ____/____/____

*Child must be at least 3 1/2 years old (and potty trained) through completing 5th grade.

Allergies, Restrictions or Special Instructions: _____

Child's Name: _____ **Nickname:** _____

Child's Age *: _____ Grade in the Fall: _____ Date of Birth: ____/____/____

*Child must be at least 3 1/2 years old (and potty trained) through completing 5th grade.

Allergies, Restrictions or Special Instructions: _____

Emergency Permission Form

I give permission for _____
to attend Wilson UMC's Vacation Bible School. In case of emergency, I authorize Wilson UMC's personnel to sign for emergency medical treatment given by emergency medical personnel. I understand that I will be contacted as soon as possible. I understand that while constant supervision of my child is provided by the Wilson staff/volunteers, there is inherent risk of injury to my child from activities at the VBS site and facilities. I accept this risk and on behalf of me and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release Wilson UMC from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the Wilson UMC program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless Wilson UMC's agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

Photo Release from Wilson UMC for Publications

Release is granted for:

Wilson UMC Social Media and Website Publications

Vacation Bible School week - In house only

Parent/Guardian Signature: _____ Date: _____