

SKYLAND UMC VBS 2024 CAMPER REGISTRATION FORM

JULY 15-19

9 am – 12 noon

Ages 4 – rising 6th grade

(Must be 4 years as of VBS dates)

**NEW FOR 2024 \$10 Registration fee per child
(\$25 max/family)**

Skyland United Methodist Church
(828) 684-7283

Child's Name: _____ DOB: _____

***Please complete a separate form for EACH child in your family.**

Age: _____ Rising Grade: _____

Parent/Guardian Name: _____

****Could you volunteer during the week?** _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____ Daytime phone number(s): _____

Home church: _____ Allergies/Medical Info/Other: _____

Emergency Contacts:

Name: _____ Phone: _____ Cell: _____

Names of person(s) who may pick up this child from VBS each day:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Any other information you would like to share about your child that might be helpful to the leaders?

Music & T shirt preferences must be turned in by May 31st – extras will be available, but preference not guaranteed after this date.

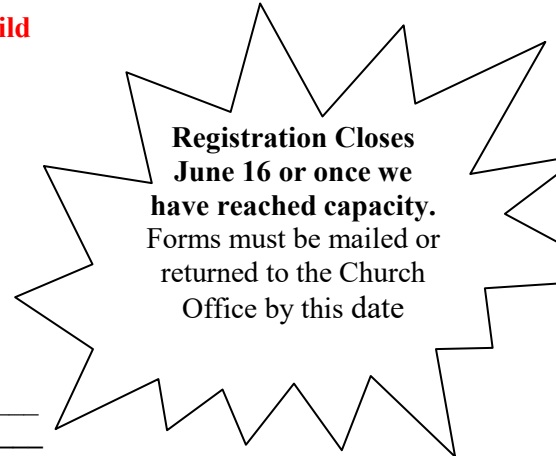
Which type of music take home would you prefer? _____ CD _____ link to download songs onto device

T-Shirt size: Children/**Youth** XS(4)___ S(6-8)___ M(10-12)___ L(14-16)___ XL(18-20)___

Adult S___ M___ L___ XL___

Feel free to contact Joy Moss or Jennifer Blanton if you have questions
revjoy@skylandumc.com skyumckids@skylandumc.com

***Please see reverse side for "Permission Slip for Photographing Your Child"**



**PERMISSION
FOR PHOTOGRAPHY, DIGITAL and VIDEO IMAGES**

During VBS week, we may take pictures of children for publicizing our events through media such as our church web-site, church pamphlets, Facebook.

Conditions of Use:

We would use first names only, unless with your express permission.

We will not include details such as full name, address, email address, tel. no.

I give Skyland United Methodist Church my permission for my child to be photographed, etc. as described by above 'conditions of use'.

I do not want my child to be photographed.

Signed Parent/Guardian***

Print Name.....

Date