

Sundance United Methodist Church

Monday VBS/Summer VBS Registration 2024-2025

Child's Name: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Physical Address: _____

Mailing Address: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email address: _____

Emergency Contact and Pickup Permission (someone other than primary guardian):

Names and Phone number (Best reached during the day):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Please initial for permission:

____ I give my permission for photos of my child to be shown in the newspaper or church website.

____ I give permission for photos of my child to be shown on our Facebook page: Monday VBS-Sundance Methodist Church.

____ *Please do not share photos of my child.*

IT IS THE PROCEDURE OF THE SUNDANCE UNITED METHODIST CHURCH TO NOT PUBLISH NAMES WITH PICTURES. PICTURES WILL PRIMARILY BE PICTURES OF GROUP ACTIVITIES DURING BIBLE SCHOOL.

Plases list Allergies/Special/Medical/Other Needs:

X _____

Please sign for Medical Permission: In case of an emergency, Sundance United Methodist church staff has my permission to take my child to the Emergency Room for any necessary treatment.

X Parent Signature: _____

For elementary students only:



Please sign for Bus Permission for my child/children(list names) _____ to

ride the school bus from Sundance Elementary to Monday VBS at the Sundance United Methodist Church immediately after school on Mondays and also ride from the Sundance United Methodist Church to Sundance Nursing Home and Assisted Living for singing on special occasions.

X _____

Parent Signature

Date