

**Le Sueur Ecumenical Vacation Bible School
2016 Child Registration Form**

Location: Zion UCC: 240 S. Elmwood Ave. Le Sueur, MN 56058

Dates: Monday, August 8th – Friday, August 12th

Time: 9:00 a.m. – 12:00 p.m.

VBS 2016 is sponsored by Zion UCC, First Lutheran and the United Methodist Churches of Le Sueur.
Neither child(ren) nor parent(s) need to be members of any of these congregations or of
any congregation to participate in the VBS program.

To participate in VBS the child can be age 3 through completing 5th grade.
(Children must be age 3 (and potty trained) by June 1, 2016 to be registered for VBS).
Please fill out a separate registration form for each child participating in VBS.

Name of Child:	Age:	Grade Just Completed:
Address:		
Medical Allergies and/or Concerns:		Home Congregation:
Transportation: How will your child be leaving VBS every day?		
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Transit Bus <input type="checkbox"/> Other – Please Explain:		
OR		
<input type="checkbox"/> Transportation is an issue to get my child(ren) to/from VBS.		
Parent(s) or Guardian(s):		Phone Number(s):
Email Address:		
Emergency Contact:	Phone Number(s):	Relationship to Child:
How did you hear about VBS:		

The cost for VBS 2016 is \$20 per child or \$45/family of 3 or more children*.

Please indicate your form of payment:

Cash – Amount: _____ Check – Amount (Check #): _____

Please make checks payable to: **Le Sueur Ecumenical VBS**

If you are not able to pay the suggested amount, please contact the office of one of the churches listed above.

Registration form(s) and Payment are due by: Friday, July 15, 2016

Mailing Address: United Methodist Church, 730 S. 6th, Le Sueur, MN 56058

*If you have any questions regarding VBS 2016, please contact: Jane King 665-3156
or the United Methodist Church office at 507-665-2314 or lesueur.umc@q.com.*

Minor Participation Authorization and Consent to Emergency Medical Treatment Form:

I hereby give my consent to have my minor child _____ (name of child) to participate in the following activity of Le Sueur Ecumenical Vacation Bible School at Zion UCC Church (which is sponsored by Zion UCC, First Lutheran Church and the United Methodist Church of Le Sueur) from August 8th, 2016 – August 12th, 2016. I 'DO' consent to any medical, surgical, x-ray, anesthetic or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment, but in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the Zion UCC Church sponsoring this event will be used as the secondary coverage.

Signature/Date of Parent or Legal Guardian: _____ Date: _____

Social Media Consent Form:

I _____ **GIVE** / _____ **DON'T GIVE** Le Sueur Ecumenical Vacation Bible School my permission to use my child's name, _____, image(s) in print and/or social media distributed by the churches listed above.

Signature/Date of Parent or Legal Guardian: _____ Date: _____

VBS Field Trip Consent

I _____ **GIVE** / _____ **DON'T GIVE** my permission for _____ (name of child), who has completed second grade or higher to walk (or in case of inclement weather, ride a rented bus) with their group leaders to and from the local nursing home on Friday, August 12th.

Signature/Date of Parent or Legal Guardian: _____ Date: _____