

# 2017 VACATION BIBLE SCHOOL REGISTRATION

Bethlehem United Methodist Church  
4 Westtown Rd. PO Box 57. Thornton, PA 19373. (610)459-3482  
July 17 – July 21, 9:00am-12:30pm

## Completed Kindergarten Through Completed Seventh Grade (As of June 30, 2017)

Registration fee is \$20 per child if received by June 30; \$25 per child if received July 1-7; \$35 per child if received on or after July 8. Maximum family payment is fee for 3 students based on time of registration (\$60, \$75, or \$105).

Please make checks payable to Bethlehem UMC. Forms received without fee will be placed on waiting list.  
(Additional forms available at [www.bethmeth.com](http://www.bethmeth.com))

Child's Name (Preferred First)	(Last)	(Age)	Male/Female	Birth Date mm/dd/yy	Grade Completed as of June 2017
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I would like my child \_\_\_\_\_ to attend class with their friend \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Child/Children resides with: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian \_\_\_\_\_

Your home church name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_ **Add to Children's Ministry email list:** Yes or No

Allergies/Medical Concerns: \_\_\_\_\_

Child may receive Tylenol? Yes or No Benadryl? Yes or No

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

*During the year, we may take pictures and/or video to post on our church website and Facebook pages. Names will never be listed with a child's picture. These are meant for nothing more than fun and to let our congregation know what's going on during our Children's Ministries (Awana, VBS, Sports Camp, Friday Fun Nights). However, we realize that some of you may be uncomfortable with this, so we would like to honor that. Please check either yes or no so that we know where you stand! Thank you!! (Please contact Pastor Kevin if you have any questions about this.)*

\_\_\_ Yes, BUMC has permission to use photos that may include my child for said purposes.

\_\_\_ No, please refrain from using any photographs that may include a picture of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (For Parents and students graduating from 8<sup>th</sup> grade & higher):

I would be interested in volunteering as a: **Crafter** **Kitchen Helper** **Classroom Helper**

Name.	Phone.	Specify Parent or Student with grade.	T-shirt size.
1. _____	_____	_____	_____
2. _____	_____	_____	_____