

KENNESAW UNITED METHODIST CHURCH
2008 SUMMER CHILDREN'S MINISTRIES REGISTRATION
 (ONE PER CHILD)

Child's Name: _____ Date of birth: _____
 Address: _____ city _____ zip _____
 Phone: _____ E-mail _____
 Church Home: _____
 Completed 2007/8 school grade _____ Rising 2008/9 School grade _____
 How did you hear about VBS? Sign Flyer Friend Drive-by Ad _____ Other _____

Please check all that apply:

_____ Vacation Bible School	rising K-6th grade	June 9-13	9am-noon	no cost
_____ Drama Camp	rising 2nd-6th grade	July 7-11	9:30am-1pm	\$50.00

I am interested in receiving registration forms for the following programs:

_____ Upward Basketball Camp	rising 1st-4th grade
_____ Mom's Morning Out	3mo-rising 5th grade
_____ Preschool Day Camp	completed 2yr-5k

(Please complete both sides of this form.)

Office use only:
Car pool # _____
Staff _____

EMERGENCY INFORMATION

Mother: _____ home: _____ work: _____ cell: _____
 Father : _____ home: _____ work: _____ cell: _____
 E-mail: _____

Allergies

Important Medical Information

Name of Doctor: _____ Phone: _____

Are all immunizations up to date? _____

Emergency contact (other than mother or father)

1. _____ home: _____ cell: _____
 2. _____ home: _____ cell: _____

Insurance Company _____ Phone: _____
 Group# _____ ID# _____

I authorize a representative of Kennesaw United Methodist Church to give consent for any and all emergency medical care for my child while he/she is in the custody of the church.

Signed: _____ Date: _____

(Please complete both sides of this form.)