ROME

WINTER VACATION BIBLE SCHOOL

Feb 12 and 19, and Mar 4, 11 & 18

First United Methodist Church
317 N Fourth Street, DeKalb, IL 60115
Phone: 815-756-6301

Registration Deadline: **Feb 7**

CAMPERS & YOUTH

Full Name	Gender	Birth date	Grade Level	Health Considerations/ Medications

PARENT PARTICIPANT _____

Parent Name:		**Home #:**	
Family address:		***Cell #:**	
Email:			*By giving your cell number, you are giving permission to participate in text alerts from VBS

Additional Contact:

Name:_____ Relationship to child:_____

can be reached: _____

A light, kid-friendly dinner will be available to all participating in our Winter VBS. Please mark below if your child(ren) and you will be participating in the dinner.

☐ My child(ren) and I WILL participate in the dinner (please mark number participating _____)

☐ My child(ren) and I WILL NOT participate in the dinner

As parent/guardian of the above listed child(ren) I authorize the participation of, and accept responsibility for the attendance of my child(ren) at First United Methodist Church's Winter Vacation Bible School, Feb 12 and 19, & Mar 4, 11, and 18. I certify that my child(ren) is/are in good health, and hereby authorize accompanying chaperones to act for me, according to their best judgment, in an emergency requiring medical attention. In addition I understand that my child(ren)'s photograph or video may be taken during the event. I hereby grant permission to First UMC to use my child(ren)'s photograph or likeness in any publicity or promotional publications, social media, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

☐ I authorize photography of my child(ren). ☐ I do not authorize photography of my child(ren).

_____

Signature of Parent Date