



St. Matthew's United Methodist Church  
VBS 2018 – "Hero Central"  
June 25-29, 2018. 9:00 am – Noon  
One Form Per Child, Please: Due June 20<sup>th</sup>

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in the Fall of 2018: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Currently Taking: \_\_\_\_\_

Insurance: \_\_\_\_\_ Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_ Dad's Work #: \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Child's T Shirt Size:** CS \_\_\_\_\_ CM \_\_\_\_\_ CL \_\_\_\_\_ CXL (adult small) \_\_\_\_\_ AM \_\_\_\_\_

Release: I hereby release and discharge and agree to hold harmless and indemnify the St. Matthew's United Methodist Church, Livonia, Michigan, and all its designated leaders from all liability for damages, illness or injury. In case of emergency involving injury or illness, I give permission to St. Matthew's United Methodist Church and its representatives to offer medical treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Website/Media Authorization Opt Out:** St. Matthew's United Methodist Church likes to use media to showcase our programs. Recognizing that some families may wish to restrict their child(ren)s images from being used on our website, we respectfully offer this opt-out form. By signing this form, you are requesting that your child NOT be included in any pictures of VBS. You do not need to complete this form if there are no restrictions. I, \_\_\_\_\_, as the parent or legal guardian of

\_\_\_\_\_, hereby restrict the use of my child(ren) image, as outlined above.

\_\_\_\_\_ Print Parent or Guardian name

\_\_\_\_\_ Signature of Parent or Guardian Date

Tuition: \$10 per child or \$30 per family of 4 or more. Amount paid \$ \_\_\_\_\_ Check # \_\_\_\_\_/Cash \_\_\_\_\_

**Please return form to St. Matthew's Office**

**SPECIAL** - Register by June 1<sup>st</sup> - \$9 per registration or \$25 for a family of 3 or more.



**We can't wait for June 25-29**

**Please join us and bring all your friends!**

**St. Matthew's United Methodist Church**

**30900 Six Mile Road**

**Livonia 48152**

**734-422-6038**



Volunteers!! In order to provide a safe and fun filled week we need parents/guardians to work in one of the areas below. Please remember we are able to provide child care for younger siblings while you volunteer. If you are able, please check one area to volunteer in:

Small Group Leader (lead kids around) \_\_\_\_ Grade Preference \_\_\_\_\_ (needed all 5 days)  
Bible Area (story telling) \_\_\_\_ Game Area \_\_\_\_ Craft Area \_\_\_\_ Snack Area \_\_\_\_  
Nursery \_\_\_\_ Donate Items \_\_\_\_ I will need childcare for my younger child(ren) \_\_\_\_\_

**Check here if you are 18 or under and fill out entire registration form**

Adult and Teen Volunteer T-shirt sizes: S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_