



LEBANON COMMUNITY VBS
June 19-23, 2017 9am-Noon
Held at: Lebanon First United Methodist Church
Register Email at: vbslebanon@gmail.com

Child's name: _____

Child's gender: _____ Child's age: _____ Date of Birth: _____

Completed Grade: _____

Name of parent/s: _____

Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Home church: _____

Emergency Contact: _____ Phone: _____

Relation to registered child: _____

Allergies or other medical conditions:

Name of Sibling if also attending VBS: _____

My child has permission to be photographed and recorded for the purpose of VBS video only!

YES NO

*I hereby give my permission for my child to fully participate in the Lebanon community Vacation Bible School, from June 19-23, 2017 at Lebanon First United Methodist Church Lebanon Illinois.

Parent's Signature: _____ Date: _____

Child's Mode of Transportation to & from VBS: Walk: ____ Pick Up: ____ Parent's Vehicle: _____

If your child will need transportation from Help for Mom, please review and sign transportation release.

Pick up and Drop off at: Help for Mom Day Care _____.

Transportation Release

I/We the undersigned understand that the Lebanon Community Bible School will take place at Lebanon First United Methodist Church. I/ We do hereby give permission to _____ to transport the participant named above to and from Lebanon First United Methodist Church on June 19-23, 2017. I/We hereby release Help for Mom preschool, and the participating churches and their agents and representatives from any and all liability that may otherwise occur during the course of transporting the below named person to or from Vacation Bible school.

Parent/Guardian's Signature _____ Date _____

Register by returning this form to any Lebanon church, by June 16th. OR email form to vbslebanon@gmail.com, OR mail registration form to 603 West St. Louis St. Lebanon, IL 62254