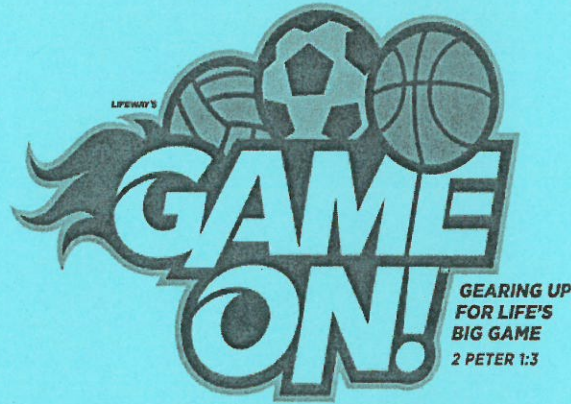


# HALIFAX UNITED METHODIST CHURCH VACATION BIBLE SCHOOL

August 6 - 10, 2018  
9:00 - 11:30 a.m.  
Age 3 through Grade 5



-----Cut Line-----  
Register by completing the following form and returning to the church office:

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Grade completing June '18 \_\_\_\_\_

Home Telephone \_\_\_\_\_ Attends what church? \_\_\_\_\_

Mother \_\_\_; Father \_\_\_; Guardian \_\_\_; Name \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of an emergency contact:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies or other conditions which may limit activity \_\_\_\_\_

\_\_\_\_\_ Who will be picking up this child? \_\_\_\_\_

I give permission for my child to attend and participate in all events and activities as part of Halifax UM Church. I also authorize VBS staff to obtain and give treatment for my child, while attempting to contact me, for such injury or illness that may occur in my absence and hold them harmless in the exercise of this authority. Unless otherwise notified, my signature also gives permission for still or video pictures of my child to be used for promotional purposes.

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

Please return completed registration form by Sunday, July 22, 2018

Halifax United Methodist Church  
105 Wind Hill Drive  
Halifax, PA 17032