

VACATION BIBLE SCHOOL 2016 – Cave Quest

**COMMUNITY UNITED METHODIST CHURCH
680 N. Abbe Rd., Elyria, OH 44035, Phone 365-7391**

**For ages 4 through grade 6 graduate
Sunday, July 17 – Thursday, July 21, 2016
6 p.m. – 9 p.m.**

Child's Name Birth Date Sex M / F Age as of 6/30/2016 Grade Completed

Custodial Parent's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Place of Employment _____

Other Responsible Parent/Guardian _____ Phone _____

Parent's Church Affiliation _____

Please check if your child has any of the following conditions:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> H.I.V. | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Intestinal Disorder |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Sight Impairment |
| <input type="checkbox"/> Diabetes | | |

- | | |
|---|---------------|
| <input type="checkbox"/> Food or other Allergies? | Specify _____ |
| <input type="checkbox"/> Allergy to Bee Stings/Insect Bites? | Specify _____ |
| <input type="checkbox"/> Other Infectious/Contagious Diseases? | Specify _____ |
| <input type="checkbox"/> Any other condition(s) not listed above? | Specify _____ |

Is your child on any routine medication? Specify _____

In case of a medical emergency, the VBS Program Personnel are authorized to take my child to EMH hospital or dentist:

Physician's name: _____ Address _____ Phone _____

Dentist's name: _____ Address _____ Phone _____

Parents are expected to pick up their children at the end of VBS.
Nobody is allowed to pick up my child except the following people:

GUIDELINES FOR PARENTS

- A. Parents shall register each of their children in accordance with the Child/Youth Protection Guideline Policy of Community United Methodist Church.
- B. Parents with children who have contagious/infectious diseases are encouraged not to bring/leave their children in the presence of others who may be exposed to the bacteria and viruses associated with the disease. This policy is observed by the children’s youth workers, themselves, for the purpose of public health preservation and is not a matter of youth discrimination.
- C. Corporal punishment is prohibited by staff.
- D. Parents are to make provision for transportation for their children to and from church. Workers are asked not to transport children/youth.

REGARDING THE CHILD/YOUTH PROTECTION POLICY

I understand the child/youth protection policy and will try to pick my child up no later than fifteen minutes following the end of the program/service. YES NO

I understand and agree to abide by the CUMC policy regarding the prevention and spread of contagious/infectious disease. YES NO

I understand and agree to abide by and work with staff regarding the Children’s Ministries Discipline Policy. YES NO

I have read the Child/Youth Protection Policy above, and I understand and agree to abide by the policy. YES NO

CUSTODIAL PARENT’S SIGNATURE _____ DATE _____

(MORE COPIES OF THIS REGISTRATION FORM ARE AVAILABLE IN THE CHURCH OFFICE.)