



# Vacation Bible School Registration 2009

## Hilliard United Methodist Church

Monday, July 27 – Friday, July 31

9:00a.m. - Noon

Entering Kindergarten – 6<sup>th</sup> Grade

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Entering in Fall 2009: \_\_\_\_\_

Home Church: \_\_\_\_\_

Suggested payment of \$10.00 per child with a maximum of \$25.00 per family. \$ \_\_\_\_\_  
Checks made payable to: Hilliard UMC or HUMC

Parent/Guardian: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Emergency Contact Person (if person above can't be reached) : \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Medical/Allergies Alert: \_\_\_\_\_

Security Alert: \_\_\_\_\_

I, \_\_\_\_\_ authorize Hilliard United Methodist Church to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of Vacation Bible School (VBS) at the Hilliard United Methodist Church.

\_\_\_\_\_ has my permission to participate in VBS scheduled by Hilliard United Methodist Church. Parents should feel to call the Director of Children's Ministries at any time for information about the VBS program.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Return form to: **Hilliard United Methodist Church**  
ATTN: VBS 2009  
5445 Scioto Darby Road  
Hilliard, OH 43026  
(614) 876-2403

