

Baldwinsville First United Methodist Church VACATION BIBLE SCHOOL REGISTRATION For Camp Firelight, July 8-12, 2024; 9:00am – 12:15pm

Welcome to the Baldwinsville First United Methodist Church Vacation Bible School (VBS) Program. This camp is funded by our church congregation and is free to campers. Although there is not a fee for camp, children will be **encouraged to make donations to mission projects.** All children entering grades K-5 are welcome. Older children may volunteer

as Camp Youth Leaders. To protect our youth, and in anticipation of any emergencies which may occur, we request that you complete this registration.

Child's Name	_	Child's Nickname
Birth Date	Age	Grade Entering
Address		
Parents: Mother's Name		Father's Name
Address (if different from child)_		
		Phone# Cell # E-mail
How/where can parent(s) t	be reached during the V	BS program?
Who is the responsible adu	ılt that will be dropping	g off/picking up child?
Primary contact information	on for responsible adult	
Do you, or your older child	dren, want to help with	VBS?
Brothers/Sisters (include n	ames and ages/grades)	
Medical Informatio		Phone
Health Ins. Co	Employer/Group #	
Allergies: Food		
Other		
List any medication that ye	our child is taking on a	regular basis
List any medical or progra	m restrictions	
Please indicate any conditi	ons that the VBS staff	should be aware of (epilepsy, seizures, specific fears)
Parent's Signature		Date

It is required that you fill out the information below to allow your child's participation.

Walking Field Trip Permission:	
I give permission for my child	st United Methodist Church of Baldwinsville
Parent's Signature	Date
Photo Release:	
I give permission for pictures of my child, involved in chur placed in local newspapers, on our church website, and in oth	
Parent's Signature	Date