

First United Methodist Church of Bartow

Galilee VBS

Mon-Fri, June 23-27, 9 am-12 pm

In the FUMC Education/FMS Building

For children GOING INTO KINDERGARTEN—FIFTH Grade 2025/26

THOSE GOING INTO 6th GRADE and HIGHER are invited to be YOUTH HELPERS!!

Join us as we go back in time and learn more about God's amazing love for us through the Miracles and Parables of Jesus!!

Galilee

Vacation Bible School Registration Form

For Office Use:
Group: _____

Participant's Name _____ Is Child an FMS Summer Camper? _____
First Last

Grade in school year 2025/26: _____ Age _____ Birth date: ____/____/____

***Allergies/Special Issues PLEASE COMPLETE: _____

PLEASE HELP US COMPLY WITH OUR CHILD/YOUTH PROTECTION POLICY BY ALSO COMPLETING THE INFORMATION AND MEDICAL AUTHORIZATION SHEET INCLUDED WITH THIS REGISTRATION

Parent/Guardian _____ Phone _____
First Last where you can be reached immediately

Parent/Guardian _____ Phone _____
First Last where you can be reached immediately

Emergency Contact _____ Phone _____
First Last where they can be reached immediately

Anyone other than Parent/Guardian Listed who has permission to pick up child?

Preregistration is very important to help us plan correctly. Thank you for Preregistering!



First United Methodist Church of Bartow
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 Bartow, FL 33830

863-533-0904
 firstumcbartow@aol.com

INFORMATION, PARENTAL CONSENT, AND MEDICAL AUTHORIZATION

Child's Name: _____ Grade: _____ Age: _____ Birth date: ____ / ____ / ____

GIVING CHILD'S CELL/EMAIL is permission to contact them about church related activities they are involved in. DO NOT provide this information if you do NOT give permission to contact your child this way

Child Cell Phone: _____ Email: _____

Parent/Guardian: _____ Email: _____

Address: _____
Street/Apt Number City State Zip code

Parent/Guardian: _____ Email: _____

Address (if different): _____
Street/Apt Number City State Zip code

As the parent/legal guardian of (child's name) _____ I understand that my child will be participating in a number of activities for the 2025 calendar year, which carry with them a certain degree of risk. Some of the activities are arts, crafts, running, dancing, jumping, and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in such activities.

Or

_____ I represent that my child has restrictions on the following particular activities: _____

and

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by adult volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

PLEASE LIST ALL Allergies or other health considerations on the other side of this form. THANK YOU!

Insurance Company: _____ Policy/Group # _____

PHOTO PERMISSION

() I give permission for still or video pictures of my child to be used for promotional purposes or showing at church which might include social media

() I do NOT give permission for still or video pictures of my child to be used for promotional purposes, etc.

Parent/Guardian Signature _____ **Date** _____