



RENEW

THE GREEN VBS™

*ReNew – A GREEN VBS 2010 is brought to you by your Lincoln Square neighbors in faith
Berry Memorial – A United Methodist Community (<http://www.berryumc.org>)*

&

Luther Memorial Church (<http://www.luthermemorialchicago.org>)

REGISTRATION FORM

***Please fill out a separate form for each child.**

***A \$10 non-refundable deposit is due for each child.**

***All checks should be made payable to
Berry Memorial United Methodist Church.**

Questions? Email Kate Vigliano, Family Ministries Coordinator at Berry UMC at
familymin.bumc@gmail.com

Name of Child _____ Date _____

Age/Grade Completed _____ Birthdate _____

Street Address _____

City _____ State _____ Zipcode _____

Home Phone # _____ Work Phone#(s) _____

Parent/Guardian(s) Name(s) (please include both if applicable) _____

Parent/Guardian(s)'s Cell _____ Parent/Guardian(s) Email(s) _____

Name of Adult Responsible for Child/Caretaker/Nanny _____ Phone # _____

Emergency Contact Name 1 _____ Phone # _____

Emergency Contact Name 1 _____ Phone # _____

Medical Information

Name Coverage is Under _____ Carrier _____

Policy Number _____ ID Number _____

Doctor's Name _____ Doctor's Phone _____

Any Medical concerns/history we should know about?

Allergies?

Is your child on any medications? Please list any medications that will be brought to camp.

Are there any social or emotional concerns or special needs?

Please add any additional helpful information or comments

Are you and/or your partner interested in helping out with VBS? If so please indicate availability and areas of interest for service.

Statement of Release:

The above named youth has my permission to participate in ReNew: A Green VBS, sponsored by Berry Memorial – A United Methodist Comminty Church and Luther Memorial Church. I give my permission for Berry Memorial UMC and Luther Memorial and its representatives to transport my child on fields trips and outings. I also understand that Berry Memorial UMC and Luther Memorial and its representatives are not liable should injury come to my child. I give permission for emergency medical care to be given by a health care professional should my child need such treatment before I can be contacted.

Parent/Guardian Signature: _____

Date: _____ Printed Name: _____

Photo Release: Permission Given to Photograph & Film Child and Use for Hendersonville First United Methodist Church Programs and Events.

Parents Initials: _____