



Color: _____
Crew: _____

**2018 ShipWrecked
VBS Early Registration**
*Form Must be returned with payment by
Sunday, June 24, 2018*
July 9-13, 2018

6:00 - 8:30 pm at Crossroads Ministry Center 2059 West Fair Ave.
*A Partner Ministry of First United Methodist, St. Peter's Lutheran, Calvary Lutheran, First English Lutheran,
Lutheran Church of Our Savior, St. Paul Lutheran, Sixth Ave. United Methodist and Maple St. United Methodist*

A Registration Fee of \$8.00 will be collected to help defray the cost of VBS.
Payable to First United Methodist Church or St. Peter's Lutheran Church.
Please contact your church VBS contact person if a scholarship is needed.

Participant First Name: _____ Participant Last Name: _____

Grade Completed June 2018

If you have a Toddler who has not attended Preschool you may register for the 3 year old class or Preschool Class if they are 4 years old, if they will be that age by July 10, 2018.

**Parents with young children are asked to sign-up to help with the Preschool VBS to ensure we have enough Adult helping hands to guide our youngest participants.*

- | | |
|---|------------------------------------|
| <input type="checkbox"/> 3 years old not yet in Preschool | <input type="checkbox"/> 3rd Grade |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> 4th Grade |
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> 5th Grade |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 6th Grade |
| <input type="checkbox"/> 1st Grade | Date of Birth _____ |
| <input type="checkbox"/> 2nd Grade | Month/Day/Year |

Included in the VBS Early Registration Fee (\$8.00) is a ShipWrecked VBS T-Shirt.
Please select a size below: Please note: **You MUST register by June 24, 2018 to receive a T-Shirt.**

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Child Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Child Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Child Large | <input type="checkbox"/> Adult Large |

Parent/Guardian First & Last Name: _____

Parent/Guardian Address: _____
Street Address, City, State, Zipcode

Parent/Guardian Phone: _____ Additional Phone _____
with area code with area code

Parent/Guardian Email: _____

PLEASE COMPLETE THE BACK SIDE OF FORM:

Participant Allergies, Medical Information

If None please indicate NONE below.

Please note:

If your child HAS Food Allergies please provide snack items for each day that are safe for your child while at VBS.

Emergency Contact Name: _____

First and Last Name

Emergency Contact Phone Number: _____

Alternate Pickup Name and Phone Number: _____

I authorize my child named above to participate in VBS 2018. I agree that any photographs taken of my child at or during the event are the property of participating VBS partner churches and may be used as deemed appropriate. I authorize emergency treatment for this child if I cannot be reached.

Parent Signature-- _____

Do you have a friend you would like to be placed with?

List the name of the friend you would like to be placed with below. We will make every effort to meet these requests. However, please note there is **no guarantee** that we will be able to place friends together.

If you would you like to purchase a ShipWrecked Music CD or downloads please check-out the website: www.group.com and search for ShipWrecked music to place your order.

Please select your church affiliation below:

___ First United Methodist

___ Calvary Lutheran

___ First English Lutheran

___ Lutheran Church of Our Savior

___ St. Paul's Lutheran

___ St. Peter's Lutheran

___ Sixth Ave. United Methodist Church

___ Maple Street United Methodist Church

Other: _____

Office Use: **Early Registration form (prior to June 24, 2018)**

VBS Registration: _____ Paid _____ CASH _____ CHECK _____ # _____ Scholarship

T-Shirt Size: ___ Child Small ___ Child Medium ___ Child Large ___ Adult Small ___ Adult Medium ___ Adult Large