



2017 Maker Fun Factory

VBS Early Registration

July 10-14, 2017 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 \$5.00 will be collected to help defray the cost of VBS.

Payable to: First United Methodist Church or St. Peter's Lutheran Church.

Please see your church VBS contact person if a scholarship is needed.

Participant First Name: _____ Participant Last Name: _____

Grade Completed June 2017

Toddlers who have not attended Preschool may register for the 3 year old or Preschool Class if they will be 4 by VBS.

Parents with young children are encouraged to sign-up to assist with their child's Preschool class.

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

A Maker Fun Factory VBS T Shirt will be included for all Registration forms and \$5.00 Fee

COLLECTED BY JUNE 18, 2017.

~~Please select a size below:~~

- | | |
|-------------------------------|-------------------------------|
| _____ Child Small | _____ Adult Small |
| _____ Child Medium | _____ Adult Medium |
| _____ Child Large | _____ Adult Large |

1ST Parent/Guardian First & Last Name: _____

2ND Parent/Guardian First & Last Name: _____

Parent/Guardian Address: _____
Street Address, City, State, Zip code

Parent/Guardian Phone: _____ Additional Phone _____
(xxx) xxx-xxxx (xxx) xxx-xxxx

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 2017. 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.

~~Would you like to purchase a Maker Fun Factory Music CD (Cost \$7.00 each)~~

~~Please indicate your choice below (payable to First United Methodist Church or St. Peter's Lutheran Church)~~

~~___ Yes ___ No~~

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 ONLY:

REGISTRATION: PAID _____

SCHOLARSHIP _____

CD-ORDER: _____

CASH _____

CHECK # _____

YES _____ NO _____

AMOUNT: _____

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