

CHURCH AFFILIATION: *(Please circle one)*

First Presbyterian Church

Whitefish United Methodist Church

Other _____

PHOTO RELEASE:

We take pictures of the children during *Community V.B.S.!* I do _____ / do not _____, give my consent to the Churches represented in the *Community VBS* to photograph my child/children and without limitation, to use such pictures and/or stories in connection with any of the work of said *Community V.B.S.* program without consideration of any kind and do hereby release the Churches represented in the *Community V.B.S.* from any claims whatsoever which may arise in said regard.

Parent/Guardian signature required

Date

EMERGENCY CONTACTS:

Name: _____

Telephone #: _____

Name: _____

Telephone #: _____

AUTHORIZED ADULTS TO PICK UP CHILD/CHILDREN:

Please also list parent/guardian.

Name: _____

Telephone #: _____

Name: _____

Telephone #: _____

FYI's: Bathroom duty for children while at VBS will be: 4 years and over will be walked to the bathroom and a volunteer will stand near the outside door of the bathroom. Children will not be assisted with toileting inside the stall, so please prepare your child.

Children will participate in outdoor recreation and crafts to be held out-of-doors each day. If you think it necessary for your child to have sun block or insect repellent, we ask that you apply this prior to arriving.



WANTED:

Mission Pilots are needed if you can help

Please include your name **HERE:** _____

Thank you!

For questions call: Michelle Wharton 250-6782

For office use only: Paid Cash \$ _____ Check # _____ Date Rec'd _____ Church rep. Initials