



*******Registration ends when VBS is full*******

Once VBS is full we will place children on wait list.

You may register through mail by mailing form and tuition to :
LCUMC
Attn: Andrea VBS
1601 W League City PKWY
League City, Tx 77573

Contact :Children@lcumc.tv for additional information

Welcome to League City UMC VBS registration. Once we have received your registration and payment, you will receive a VBS welcome letter (VIA EMAIL) with more information.

VBS Dates: June 8th-10th

9:25am-12:15 pm

Ages : Entering Kinder – 5th grade **FALL 2021**

Cost \$20 (includes T shirt)

LCUMC members \$10

LCUMC VBS REGISTRATION FORM

Please return by drop off at church office or mail in.

We do NOT have on line registration.

Please include registration form, medical release and tuition.

You will receive a confirmation email within one week of registration receipt.

COVID 19 precautions will be updated in the welcome email

* Tuition is \$20.00 per child, this includes the cost of VBS T shirt LCUMC members cost \$10

* You will receive an email June 3rd/4th with child's group name and check-in instructions.

Your child may request ONE friend (same age/grade) to be in a same group.

**Please note VBS does not begin until 9:25am, doors open at 9:20am.*

Parents' name _____

Home Address _____

Email address _____

(Please print legibly, this is how you will receive VBS Info)

Home phone _____ Cell phone _____

Name of person(s) picking up child(ren) from
VBS _____

Contact info if different from parent _____

_____ I have enclosed tuition fee \$20.00 per child (please make checks to "LCUMC")

_____ I have included signed release.

You may use this form to register up to three children, please use additional form for additional children.

1. Child's Name _____

Grade (2021-22 school year) _____ T-shirt size XS YS YM YL AS AM

Birthdate(month-day-year) _____ food allergy _____

Special medical alerts _____ Friend request _____

2. Child's Name _____

Grade (2021-22 school year) _____ T-shirt size XS YS YM YL AS AM

Birthdate(month-day-year) _____ food allergy _____

Special medical alerts _____ FriendRequest _____

3. Child's Name _____

Grade (2021-22 school year) _____ T-shirt size XS YS YM YL AS AM

Birthdate(month-day-year) _____ food allergy _____

Special medical alerts _____ Friend request _____

I would like to help all children have the opportunity to attend VBS. I am also including a \$ _____ donation sponsor a child for VBS

All registration forms must include tuition and waiver to be accepted.

Scholarships are available upon request, please email Children@lcumc.tv

For more info or questions, please contact Andrea Pritchard 281-332-1557

Kids Summer Ministry
MEDICAL AND LIABILITY RELEASE FORM
LEAGUE CITY UNITED METHODIST CHURCH

Effective Dates: June 1st, 2021-Sept 1, 2021

Student's Name _____

Address _____ City/State _____ Zip _____

Parent/Guradian(s) Name _____

Phone Number # 1 _____ Phone Number # 2 _____

Special Concerns (allergies, medications, medical conditions, etc.)

In consideration of League City United Methodist Church accepting and permitting my child to participate in church related activities and on behalf of the student named above, I/we hereby release, forever discharge, and agree to hold harmless League City United Methodist Church, its agents, officers, employees, trustees, and volunteers for any injury, death, damage and/or loss to the student named above and/or anyone claiming on the student named above's behalf. I/we further agree to indemnify and defend League City United Methodist Church, its agents, officers, employees, trustees, and volunteers for and from any and all damage to my child, whether such injury, illness, or damage occurs on or off the church premises.

I certify that photographs or videotape pictures of my child participating in League City United Methodist Church programs may be reproduced and utilized on social media and in promotional materials for the Church.

Parent Name: _____

Parent Signature: _____ Date: _____

Emergency release: I hereby authorize League City United Methodist Church to secure appropriate emergency medical care for my child(ren) in the case where I cannot be contacted. _____ Date: _____

(Parent signature)