

West Los Angeles United Methodist Church VBS
Monday through Friday, July 16-20, 2018 • 10:00 am to 1:30 pm
 (Includes snack & light lunch)



PARTICIPANT REGISTRATION FORM

Registration Closes Sunday, July 24 (earlier if spaces are filled)

Please return 1. Registration Form, 2. Medical/Release Form, and 3. Check made payable to "West Los Angeles United Methodist Church" to:

WLAUMC-VBS, 1913 Purdue Avenue, Los Angeles CA 90025
310-479-1379 westlaumc@gmail.com

PARENT/GUARDIAN CONTACT INFORMATION

Parent First/Last Name(s): _____

Mailing Address (Street, City, ZIP): _____

Mother/Guardian Cell: (_____) _____ Father/Guardian Cell: (_____) _____

Mother/Guardian Email: _____ Father/Guardian Email: _____

We will provide confirmation and follow-up information via email.

CHILDREN TO BE ENROLLED (Age 3 and potty trained through those entering Grade 5 in Sept. 2018)

First and Last Name (Preferred name for nametag)	Date of Birth (Age on 7/16/2018)	Grade in Fall 2018	T-Shirt Size (Child S, M, L; Adult S,M,L)

FEES

First Child	\$45/week	\$ _____
Second Child	\$35/week	\$ _____
Additional Children	\$25/week	\$ _____
TOTAL ENCLOSED:		\$ _____

VBS OPPORTUNITIES FOR OTHER FAMILY MEMBERS – RSVP

Mark your calendars and let us know if you are able to participate.

I would like to volunteer in a classroom, kitchen, other: _____ Which days would you be available to volunteer?	___ Yes ___ Not at this time ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
Friday, July 20, Family Fellowship Lunch Program, 12:30-1:30 pm. Children, families, and volunteers share lunch together.	___ Yes ___ Unable to attend
Sunday, July 22, Worship Service, 9:30 am (arrive by 9:00 am). Children and youth will share their songs with the congregation.	___ Yes ___ Unable to attend

<u>For Office Use:</u>	
Date Received: _____	Fees Paid: _____
Medical/Release Form Received: _____	Other: _____