



Vacation Bible School 2025
July 21 - July 25
9:00 a.m. - 12:00 p.m.
Ages 3 years thru 5th Grade
\$40.00 Registration
(Only \$35 more per Sibling)
Hosted by Yorba Linda United
Methodist Church
For more info contact
714-777-1551

**ONE REGISTRATION FORM MUST BE FILLED OUT FRONT AND BACK FOR
EACH CHILD ATTENDING VACATION BIBLE SCHOOL**

Child's Name _____

Street Address _____

City _____ Zip _____

Birth Date _____ Age on 7/21/25 _____ Grade Completed June 2025 _____
(month/day/year) (years/months)

Home Phone _____ Cell Phone _____

E-mail address _____

Parents' Names _____

Siblings' Name & Ages _____

School Child Attends _____

Name of Home Church _____

Has your family participated in YLUMC VBS in previous years? YES NO

Could you be a part of our VBS Volunteer Team? YES NO

PLEASE FILL OUT THE MEDICAL CONSENT FORM ON THE BACK

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Date Paid _____ Check # _____ Amount _____

CONSENT FOR EMERGENCY TREATMENT

As parent or authorized representative _____,
(Name of parent/authorized representative)

I hereby give consent to any adult staff member of the **Yorba Linda United Methodist Church** for my son/daughter _____, to provide
(Child's full name)
all emergency medical or dental treatment prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the above named child.

I agree not to hold the **Yorba Linda United Methodist Church**, its employees, staff members or volunteers liable for providing consent as authorized herein for medical and/or dental care for the child identified above.

This child has the following medical/food allergies:

This child has the following medical conditions:

Doctor's Name and Phone #

Signature of Parent or Authorized Representative:

_____ Date: _____

Emergency Contact Name: _____

Phone # _____ Relation to child _____

***“ROAD TRIP”--Based on Joshua 1:9
On The Go With God!***