



VACATION BIBLE SCHOOL 2024

Please join us for “The Great Jungle Journey” Vacation Bible School this summer at Plano Methodist Church!

Location: 219 N. Hale Street, Plano

Dates: July 8 -11, 2024

Times: 9 to 11 am

Ages: Preschool through 8th Grade

Suggested Donation: \$10.00/child

Please pre-register your child(ren) through our on-line form at www.planomethodist.org. If you are unable to pre-register, you can register in person on Monday, July 8 at 8:30 am.

Please have your child(ren) bring a beach towel and extra clothes on Thursday, July 11. If you have any questions, please call our church office on (630) 552-3700 or e-mail office@planomethodist.org. Get ready for “The Great Jungle Journey” with GOD!

Registration Form for Vacation Bible School 2024

Name:

Child 1	
Child 2	
Child 3	

Grade Completed:

Child 1	Child 2	Child 3

Birthdate:

Child 1	Child 2	Child 3

Sex:

Child 1	Child 2	Child 3

Home Church: _____

Parent(s)/Guardian(s): _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

T-Shirt Size:

Child 1	Child 2	Child 3

Please pre-register - We kindly request a \$10.00 donation per child. \$ _____

I hereby enroll and give permission for my child to participate in the planned activities of Plano Methodist Church Vacation Bible School for 2024. I understand I am responsible for transportation of my child to and from Plano Methodist Church every day of Vacation Bible School. For the safety and protection of my child, the following individuals are designated for transportation to and from Plano Methodist Church and emergency contacts:

Name, relationship, phone #:

Name, relationship, phone #:

Name, relationship, phone #:

Signature: _____ **Date:** _____

Health Form for Vacation Bible School 2024

Please notate which child (if you are registering more than one child) has the following:

Allergies/Food Allergies: _____

Has your child been subject to medical treatment for any of the following diseases/health conditions:

Diabetes ()	Ear Trouble ()	Seizures ()
Allergies ()	Poison Ivy ()	Throat or Sinus ()
Asthma ()	Bee Stings ()	

Other (please specify):

Please provide details for any of the above conditions that have been marked:

For any allergies that require the administration of epinephrine (EpiPen), please provide details and the confirmation that an EpiPen will be provided every day during Vacation Bible School:

Please explain any medical condition requiring special care: _____

In the case of a medical emergency, I understand every effort will be made to contact the parents and/or guardians of my child. In the event that the parents/guardians and provided emergency contact cannot be reached, I give permission for local emergency medical services to be contacted.

Signature of Parent or Guardian

Date

**THIS REGISTRATION AND HEALTH FORM MUST BE TURNED IN TO PLANO
METHODIST CHURCH PRIOR TO OR ON THE FIRST DAY OF VACATION
BIBLE SCHOOL FOR 2024.**