



Damascus United Methodist Church

# VBS Registration Form

(Pre-K (age 4) through 6<sup>th</sup> Grade

**July 24 - 28, 2017 / 9:00 am - 12:15 pm**

(Please fill out one form for each FAMILY, and return it to the church office:  
DUMC, Attn: VBS, 9700 New Church Street, Damascus, MD 20872)

Suggested donation: \$30 / child

Name \_\_\_\_\_ Grade entering \_\_\_\_\_ T-shirt size: Y \_\_\_\_\_ A \_\_\_\_\_ (S/M/L) (S/M/L/XL)

Name \_\_\_\_\_ Grade entering \_\_\_\_\_ T-shirt size: Y \_\_\_\_\_ A \_\_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_\_ T-shirt size: Y \_\_\_\_\_ A \_\_\_\_\_

Name \_\_\_\_\_ Grade entering \_\_\_\_\_ T-shirt size: Y \_\_\_\_\_ A \_\_\_\_\_

Parent(s) / Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Church \_\_\_\_\_ Friends of Your Child\* \_\_\_\_\_

(\*Please list additional friends of additional children on the back)

**Allergies:** (please indicate which child) Our kitchen staff will purchase the snacks and drinks that will be served during VBS, and peanut-related items will not be bought. However, if your child has severe food allergies, it would be best for you to send in a snack each day for your child. We are not able to guarantee a complete peanut-free kitchen.

In case of emergency, I give permission for Shady Grove Hospital to treat (please list names if more than one child):

For any accident or injury that occurs while attending Vacation Bible School.

Name of Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dismissal Information - Name(s) of person(s) who may pick up this child from VBS:

Person #1 \_\_\_\_\_ Person #2 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### Other Info (For Church Use Only)

Hero Group \_\_\_\_\_

Are parents/guardians/family members helping with VBS Hero Central? \_\_\_\_\_

If yes, where? \_\_\_\_\_