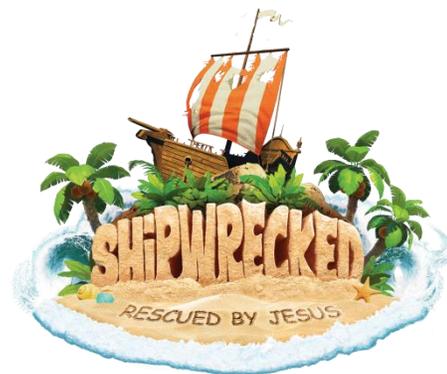


Vacation Bible School 2018

At Shipwrecked VBS children will learn that Jesus rescues! They will have an amazing time trying out new games, songs, lab experiments, tasty treats, crafts, hearing awesome Bible stories, and more!



For children age 3 years & potty trained – completed 5th grade.

Dates: **June 25 – 29th** Please register by June 17th.

Time: **9:00 AM – Noon** Location: **Campbell United Methodist Church**

Cost: **\$35/child & \$25 for each additional sibling.** Need-based scholarships are available.

Questions? Contact the church office at (408)-378-3472.

Parents/Guardians

Parents/Guardians Names: _____

Address: _____

Home Phone: _____ Parent/Guardian Cell 1: _____ Cell 2: _____

Family Email (required): _____

This will be our primary communication tool.



Child 1

Child's Name: _____

Date of Birth: _____ Male ___ Female ___ Grade entering in the fall: _____

My child has a special teaching need, diagnosis, allergy, or health restriction. If yes, please describe: _____



Child 2

Child's Name: _____

Date of Birth: _____ Male ___ Female ___ Grade entering in the fall: _____

My child has a special teaching need, diagnosis, allergy, or health restriction. If yes, please describe: _____



Child 3

Child's Name: _____

Date of Birth: _____ Male ___ Female ___ Grade entering in the fall: _____

My child has a special teaching need, diagnosis, allergy, or health restriction. If yes, please describe: _____

Volunteering

Join the VBS team as a volunteer! You can help in many different ways. Vacation Bible School is rotation style. Both small group leaders and rotation site leaders are needed, as well as volunteers for check-in time and VBS decorating/prep before VBS. A background check will be required for all volunteers. If you would like to volunteer, please indicate your interest below:



Name: _____ Phone: _____

E-mail: _____

I am interested in helping with: _____

Emergency Contacts (please list someone other than parent/guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Clinic: _____ Phone: _____

Dentist: _____ Clinic: _____ Phone: _____



Medical Release

I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist from June 25-29th, 2018.

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Parent/Guardian signature: _____ Date _____

Photo Release (please print names clearly)

I, _____, parent/guardian of



The minor/s _____

- give permission
- do **not** give permission

for images of my child to appear in church publications, on the church website, in church videos, promotional literature, advertisements and other printed/electronic material.

Signature _____ Date _____

(For partial permissions, e.g., permission for child to appear in printed material and VBS recap slideshow shown in worship, but not online media, such as website, please specify below and sign.)