

Vacation Bible School



June 18-22

From 5:00pm

- 8:00pm

3 yr. Olds -

Completed

5th grade

MONDAY

Peanut Butter and Strawberry Jam
Waffles, Grapes, Carrots

TUESDAY

Ham Slices, Cheese Triangles, Fruit Snacks,
Multi-Grain Crackers

WEDNESDAY

Pizzas, Jello Cups

THURSDAY

Turkey Roll-ups, String Cheese, Sliced
Strawberries, Multi-grain crackers

FRIDAY

Chicken Nuggets, Pretzel sticks, Apple
Slices

Total Cost for VBS is

\$ 15.00 per child; \$ 10 per
child after two.

Cost includes a Babylon
T-Shirt. Plus, each day they
will get a light dinner and a
snack.

Scholarships are available.

**All children are invited to
join us.**

(Registration form on the
back)

St. Paul's UMC

(719) 634-7046

pastordonnie@comcast.net



St. Paul's UMC
2111 Carlton Ave.
Colorado Springs, CO 80909
(719) 634-7046
pastordonnie@comcast.net

Registration Form (One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____

Last school grade completed: _____ T-Shirt Size: _____

Children Shirt Sizes: __ (XS) __ (S) __ (M) __ (L) __ (XL) (Please check one)

Adult Shirt Sizes: __ (S) __ (M) __ (L) __ (XL) __ (1X) __ (2X)

DEADLINE FOR ORDERING T-SHIRTS IS JUNE 8TH

Name of parent(s)/guardian(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Best number to call

Cell Phone: (____) _____ Best number to call

Email address: _____

Is there a special friend your child would like to be grouped with?

Who will be picking up your child: _____

Who is **not** to pick up your child: _____

Would you like to help with VBS? ___ All Week ___ Less Than A Week

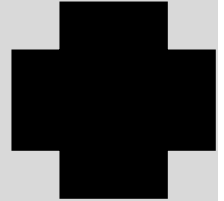
For Church Use Only

Tribe name: _____

In case of emergency, contact: _____

Phone: _____

Relationship to Child: _____



Medical Release Form

I, _____, give my consent for Emergency Medical Care to be provided for my child, _____, while (he/she) is in the care of St. Paul's United Methodist Church during Vacation Bible School June 18th—22nd if parent or guardian can not be reached.

Physician: _____

Address: _____

Phone No.: _____

Hospital: _____

Parent/Guardian Signature: _____ Date: _____

Allergies (***especially food***) or other medical conditions: _____

Photo/Video Release Form

I give St. Paul's United Methodist Church permission to publish in print, electronic, or video format the image or video of my child. I release all claims against St. Paul's United Methodist Church with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Child's name: _____

Parent's/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

At minimum, a video of the children singing and dancing will be shown during the church service on June 24th along with a slideshow before the service.

Anything else you feel we should know about your child?
