Vacation Bible School

Trinity United Methodist Church – Lickdale

98 Fisher Avenue Jonestown 717-865-4361

July 6 - 10, 6:30 to 8:30 p.m.

For children ages 3 years thru 6th grade

1st Child's Full Name: _____ Gender: □ M □ F

Allergies/Special Needs:_____ Birth Date: _____ Age: _____

Grade just completed: □ Pre-K □ Kind. □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th

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2nd Child's Full Name: _____ Gender: □ M □ F

Allergies/Special Needs:_____ Birth Date: _____ Age: _____

Grade just completed: □ Pre-K □ Kind. □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th

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3rd Child's Full Name: _____ Gender: □ M □ F

Allergies/Special Needs:_____ Birth Date: _____ Age: _____

Grade just completed: □ Pre-K □ Kind. □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th

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Parents/Guardian Name:_____Email Address:_____

Address:_____
(Street) (City) (State) (Zip)

Home Phone: _____ Mother's Cell _____ Father's Cell _____

Emergency Contact Name: _____Relationship:_____Phone:_____

My child(ren) has permission to be released to _____

In the event I cannot be reached in an emergency, I hereby give my permission and authorize medical treatment by the church in the event my child should require it. □ Yes □ No

Does Trinity UMC - Lickdale leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program. □ Yes □ No

Signature of parent or legal guardian_____ Date: _____