



Vacation Bible School

Trinity United Methodist Church - Lickdale

98 Fisher Avenue Jonestown 717-865-4361

July 5 - 9, 6:30 to 8:30 p.m.

For children ages 3 years through 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

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

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

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: _____