

Make memories and friends at VBS 2018!



Come discover your own Superhero strength in God!

Join us for fun games, creative crafts, Bible lessons, lively music, and yummy snacks!



Larchmont United Methodist Church VBS 2018 - Hero Central  
9am-noon June 25<sup>th</sup>-June 29<sup>th</sup>

Children ages 3 (must be potty-trained) through rising 5<sup>th</sup> grade are invited to join us for a week of fun, friends, Bible lessons, crafts, music, games, and more. Register now until spots fill for \$30.00 per child. If cost is prohibitive, please let Vicky know (489-8168).

Name (one form per child please) \_\_\_\_\_  
Grade completed \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Child's Allergies \_\_\_\_\_  
Medical/special needs \_\_\_\_\_  
Emergency Contact (other than listed above)  
Name \_\_\_\_\_ Phone \_\_\_\_\_

We are offering a day-long option for your child! Simply pack a lunch for your child to eat with us from noon – 12:30 and register your child for the afternoon camp session through LUMPS from 12:30-4pm. This camp and lunch is reserved only for children who attend VBS and is first come first serve with a cap of 20 children. The fee is \$120 for the week and a one-time only \$20 supply fee. (Please note if you have already paid for a summer fun camp this year at LUMPS, then you do not need to pay the supply fee again and the cost for Camp is only \$100.)

\_\_\_\_\_ Yes, I would like to register my child for lunch and afternoon LUMPS camp.  
\_\_\_\_\_ No, I would not like to register my child for lunch and afternoon LUMPS camp.

We need volunteers! We have a lot of fun options - teaching, games, music, crafts, etc.  
\_\_\_\_\_ Yes, I would like to help with VBS.

In the event of an emergency, every effort will be made to contact you first. It is imperative that we have your permission to call 911 and obtain emergency transport to a hospital for your child, should this become necessary.

I, \_\_\_\_\_, give my permission for emergency medical treatment and possible transport to the hospital of my child, \_\_\_\_\_, during his/her stay here at LUMC during VBS 2018. I will except responsibility for all charges.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Media Release

Please indicate your media preference by signing your initials on the corresponding line.

\_\_\_\_\_ I grant permission for LUMC to photograph and release digital images of my child that may appear on the LUMC website, social media, or print.  
\_\_\_\_\_ I do not grant permission. Please do not release any images of my child.