

Vacation Bible School

“Remember that the Lord is great and awesome!” (Nehemiah 4:14b)

Spring 2016

Dear Trinity Families & Friends,

We hope you will join us for Vacation Bible School (VBS) to be held August 15-19, 2016, from 9 a.m. to noon. VBS is open to all kids, ages three through rising fourth graders.

This year's VBS, *Surf Shack - Catch the Wave of God's Amazing Love*, promises to be a fun-filled adventure with cool crafts, great music, super science, creative Bible-based activities and stories, and, of course, good snacks and time to play with friends! At the *Surf Shack*, your children will experience and explore how powerful God's love is. The week will also include special mission projects, including a local field trip for the third and fourth graders.

This year, we are introducing a Mini-Camp for ages 4-6. (If there is enough interest from older children, then we will open up another class.) This camp will begin after VBS dismissal. Children must bring a lunch from home. After lunch, the children will participate in active projects with Kathie Diapoulis until 3:30 p.m. There will be an additional fee for this Monday - Thursday program.

If you are interested in volunteering, please let me know! We need kids-at-heart of all ages - from rising fifth graders to adults. ***It takes the time and talent of many to host this week for our kids!***

I hope to see you at VBS this summer! If you have any questions, please don't hesitate to contact me.

It will be an exciting week with the kids!

Sincerely,

Jennifer Fuqua-Calsyn, Co-Chair
jenfuqua@gmail.com





Trinity United Methodist Church
2016 Vacation Bible School
Registration

August 15—19, 2016

9 a.m.—12 p.m.

Please print clearly.

Vacation Bible School is a mission of Trinity United Methodist Church and is staffed and operated by adult volunteers, and properly supervised youth, who are members and friends of the Church congregation.

VBS classes available for children ages 3—rising 4th grade. Young children attending VBS must be potty-trained and ready to participate in a structured preschool environment. Limited availability in 3 year old class.

PARENTS

Name _____ Phone _____

Address _____

City, State Zip _____

E-Mail _____

Registration confirmation and other VBS news will be sent by e-mail. Please include any e-mail addresses that should receive this information.

PARTICIPANTS / VOLUNTEERS (under 18 years of age)

	Participant 1	Participant 2	Participant 3
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Grade (Fall 2016)	_____	_____	_____
Mini-Camp (ages 4-6 only)	_____		
Allergies/Special Needs	_____		

EMERGENCY CONTACT DURING PROGRAM HOURS

	Parent/Guardian	Parent/Guardian	Parent/Guardian
Name	_____	_____	_____
Relationship	_____	_____	_____
Home/Work Phone	_____	_____	_____
Cell Phone	_____	_____	_____

Please return completed form (**front and back**) and non-refundable check payable to Trinity United Methodist Church. Fee is \$50 per child, \$35 for children of full-time VBS volunteers. There is no registration fee for volunteers. Fee for Mini-Camp is \$100 per child. Registration deadline is July 15. For more information, contact Jennifer Fuqua-Calsyn (jenfuqua@gmail.com, 703-447-2492).

FOR OFFICE ONLY:

Date: _____

Payment: _____

PHOTO RELEASE

During Trinity United Methodist Church events, photos or videos may be taken by staff or designated volunteers. These photos/videos could be used in future publications, multimedia presentations, video or audio recordings, on the website or in social media (such as Facebook) only for the purpose of helping capture the spirit of the events portrayed. **By signing below**, you are giving Trinity United Methodist Church permission to include your child in such photos/videos strictly for the purpose stated above and you understand that such images are allowed without compensation.

Parent Signature _____ Date _____

MEDICAL/EMERGENCY RELEASE FOR VACATION BIBLE SCHOOL 2016

Name of Child(ren)'s Doctor: _____

Phone: _____

Insurance Co: _____

ID# _____

_____ has my permission to participate in the Trinity United Methodist Vacation Bible School August 15-19, 2016. I understand that my child will be supervised by adult chaperones and youth helpers. In the case of a medical emergency, I understand that every effort will be made to contact the parent or guardian of the participant. I understand that in extreme medical emergencies medical attention may be needed before I can be reached. In the event that I, nor the emergency contacts listed above, can not be contacted, I hereby give permission to Trinity United Methodist Staff persons or volunteers to secure prompt medical treatment for my child.

Parent Signature _____ Date _____