



High Seas Expedition

Exploring the
Mighty Love of God

Vacation Bible School 2010

Dates: June 21st -25th

Drop Off Time: 8:30-8:40 on the 16th Street Lawn In case of rain, drop off at 16th Street entrance to Family Life Center.

Pick Up Time: 12 noon. Parents gather in the Foyer and Hall of the gym in the FLC. We will signal when to enter the gym to collect your child/children. Gym traffic will flow one way only. Exit out the 16th Street door of the gym.

T-Shirt (optional): \$8 each. On sale May 16, May 23, June 6, June 13 and June 20th. Get yours early—we cannot order any additional shirts.
Art Project Blanket \$10 each

Who Can Participate: Kids who turned 3 by September 2009 through kids just finishing 6th grade. Nursery will be provided for younger children of VBS workers.

What We'll Do: Have Fun! We will spend the week Exploring the Mighty Love of God.

Questions: Contact Sally Ware (782-5068) at FUMC or call Leigh Norton (478-8980).

PLEASE RETURN THIS FORM TO THE CHURCH OFFICE (one form per family)

Child's Last Name _____ Phone # _____

Address _____ ST _____ Zip Code _____

Parents' Names _____ Alternate Phone # _____

REMEMBER: KIDS MUST HAVE BEEN BORN BY SEPTEMBER, 2006 TO PARTICIPATE IN VBS. VBS WORKERS...PLEASE GIVE NAMES OF CHILDREN WHO WILL NEED NURSERY ALONG WITH DATE OF BIRTH.

<u>KIDS NAMES</u>	<u>Blanket</u>	<u>GRADE or CLASS JUST FINISHED in May</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

PARENTS OF 5th and 6TH GRADERS PLEASE FILL OUT EXCURSION PERMIT ON THE BACK SIDE

Emergency Contact _____ Phone # _____

Allergies or Health Concerns: _____

Who will pick up the child/children listed above? _____

There will be childcare available at 7:45 AM each day for working parents ONLY. Please Check here if the children listed above will be needing this service. _____ (this is NOT for VBS workers, but for Working Parents)

5th and 6th Grade Excursion Permit

I, the undersigned parent of _____, give permission for my child to participate and travel with First United Methodist Church. I do assume all the risks and hazards incidental to the excursions and do hereby release, absolve, indemnify and hold harmless First United Methodist Church, its workers, and program organizers. In the event of illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for the church to provide such treatment to the best of their knowledge and abilities at my expense. I will not hold First United Methodist Church, its staff or volunteers, or medical personnel responsible.

PARENT OR GUARDIAN SIGNATURE

DATE