

**GALACTIC BLAST**  
**2010 Vacation Bible School**  
 August 16 – August 20, 2010 // 9 a.m. – 12 p.m.  
 Trinity United Methodist Church  
 1205 Dolley Madison Blvd., McLean, VA 22101  
 703-356-3312 // fax: 703-356-9119 // www.umtrinity.org



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.

Participant's Name	Date of Birth	Grade (2010-11)	Allergies/Special Needs
1.			
2.			
3.			
4.			

Parents Name \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Church Congregation \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION DURING PROGRAM HOURS:**

Parent/Guardian	Home	Cell	Work	E-mail
1. Relationship _____				
2. Relationship _____				
3. Relationship _____				

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. Registration deadline is July 19. For more information, contact Patty Burgess (pburgess1201@gmail.com, 703-556-7894) or Lizzy Conroy (lizzy@emeryann.com, 202-441-3630).

Medical/Emergency Release for Vacation Bible School 2010

Name of Child(ren)'s Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

ID# \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the Trinity United Methodist Vacation Bible School August 16-20, 2010. 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.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**  
Date: \_\_\_\_\_