



# FAITH UNITED METHODIST CHURCH

1290 Fruitville Pike, Lititz, PA 17543  
(Manheim Twp: Fruitville Pike & Koser Road)  
[www.faihumc.us](http://www.faihumc.us) 717-560-0321



**VBS August 5<sup>th</sup> – 9<sup>th</sup>, 6:00 – 8:00 pm**  
All children ages 4 to 11 years welcome.

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(include City, State, and ZIP, please!)

Email: \_\_\_\_\_ @ \_\_\_\_\_

### Phone Numbers

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Age/Personal Information

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Current Age: \_\_\_\_\_

Completed School Grade: \_\_\_\_\_ (Check here for preschooler) \_\_\_\_\_

Home Church: \_\_\_\_\_



Please describe allergies/medical alert information (be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_

Please describe behavioral/educational needs (be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts (other than parent/guardian)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

\*We will do our utmost to contact parents/guardians FIRST if an emergency arises. If they are not available, we will use emergency contacts. By signing this form you give us permission to provide emergency medical care if needed, including transportation to & care provided by a local emergency room. \_\_\_\_\_

### Dismissal Information

The following person(s) may pick up child(ren) from VBS:



Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are parent/guardian(s) helping with VBS? Yes No If so, who is helping and where? \_\_\_\_\_

Do you agree to allow photos of your child to be used in church presentation or church promotional materials? Yes No