

# Vacation Bible School 2010



Where? Tigard United Methodist Church  
When? August 2-6, 2010 9:00am - 11:45am  
Who? Children 4 years old through 6<sup>th</sup> grade  
How much? Early registration fee(s) must be registered by July 1  
\$15 per child/\$35 max per family  
Registration fee(s) after July 1  
\$ 20 per child/\$ 50 max per family  
Scholarships are available. Check with Linda Dove.  
\*Optional: \$5 for a music CD

How? To register, please complete **both sides** of the form below for each child attending and return it with registration fee(s) to church office. For more information, call the church office at (503) 639-3181

**While at VBS, we want the children to be comfortable and safe. Since there are recreation activities scheduled, we recommend the children wear closed-toe shoes and dress appropriately.**

---

## TUMC Vacation Bible School 2010 Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ M or F Last Grade Completed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Email Address: \_\_\_\_\_

Phone Numbers for Parent/Guardian:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Allergies/Medication/Dietary Issues/Special Needs: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name(s) of person(s) who may pick up this child from VBS each day:

---

**Please complete both sides of this form.**

Other information (Church Use Only)

Group \_\_\_\_\_ VBS Parent Volunteer? \_\_\_\_\_ (if yes, where?) \_\_\_\_\_

# Vacation Bible School 2010

We are inviting all children to be a part of the excitement at our Vacation Bible School, GALACTIC BLAST: A COSMIC ADVENTURE PRAISING GOD!

At GALACTIC BLAST, your children will become cadets on the starship Galactic Praise as we learn more about our wonderful, incredible, amazing, magnificent, awesome God.

After a high-energy opening on the starship Galactic Praise, the cadets spacewalk to the Good News Galaxy. Through the Bible stories there, children will witness how our mighty God is at work in the world. Cadets will learn Praise Phrases and Bible Booster memory verses that will boost their faith long after VBS.

The children will expand on what they've learned by participating in a variety of activities: making their own art projects at Cosmic Crafts, singing new music at Moons and Tunes, exploring science activities at the Orbital Observatory, participating in recreational activities at Rocket Rec, and enjoying tasty snacks at the Astro Bistro.

Here are the daily missions:

Creation of the Universe (Genesis 1:1-24) Our God is wonderful! Praise God!

Elijah at Mt. Horeb (1 Kings 19:4-18) Our God is incredible! Praise God!

The Woman at the Well (John 4:1-42) Our God is amazing! Praise God!

A Blind Beggar in Jericho (Luke 18:35-43) Our God is magnificent! Praise God!

Two Disciples in Emmaus (Luke 24:13-32) Our God is awesome! Praise God!

---

## Tigard United Methodist Church 2010 Vacation Bible School

### Authorization to Participate and Medical Treatment Authorization

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

I \_\_\_\_\_, am the parent/guardian having legal custody of \_\_\_\_\_.

My child may participate in Tigard United Methodist Church's Vacation Bible School taking place from August 2 to August 6, 2010. I give permission for my child to receive medical care if necessary. Should the need arise, I give the adult leaders the authority to act on my behalf with respect to my child's health and safety with the understanding that I will be contacted, informed of the situation, and consulted about important medical decisions as soon as possible. I accept full responsibility for any expense incurred in provided medical treatment for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please complete both sides of this form.