

**DAMASCUS UNITED METHODIST CHURCH
VACATION BIBLE SCHOOL REGISTRATION FORM**

Age 4 – entering 5th grade

July 25-28, 2022 • 9:00 a.m. - 12:00 p.m.

Please fill out one form for each family and return it electronically to office@damascusumc.org or by mail: DUMC, Attn: VBS, 9700 New Church St., Damascus, MD 2087

Name _____
Name _____
Name _____
Name _____

Grade entering _____
Grade entering _____
Grade entering _____
Grade entering _____

Parent(s)/Guardian(s) _____

Address : _____

Email: _____

Phone Numbers: Home _____ Cell _____

Work (specify person) _____

Allergies (please indicate which child)

Does your child receive accommodations at school that would help them to have a more enjoyable VBS? Please provide details below so we can make arrangements.

In case of an emergency, I give permission for Shady Grove Hospital to treat my child/children for any accident or injury that occurs during VBS for any accident or injury that occurs while attending Vacation Bible School.

Name of Doctor _____ Phone Number _____
Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date _____