



# LET'S HAVE FUN AT VACATION BIBLE SCHOOL!

## ***WHEN AND WHERE IS BIBLE SCHOOL?***

Bible school is from 5:30 pm - 8:00 pm on June 24th-28th, 2024. We are located at 2446 Hampstead-Mexico Rd, Westminster, MD 21157.

Our closing program is on Friday, June 28th at 5:30 pm. Please plan on coming to see what your child has learned all week.

## ***WHO CAN ATTEND?***

If you have a child/ren who has completed K4 - grade 6, we would love to have them at Vacation Bible School with this signed parent permission/child information form. Parents are also welcome to attend!

## ***WHAT HAPPENS AT VBS?***

Your child will make new friends, hear a Bible story/lesson, learn memory verses, sing songs, watch skits and puppets, make a craft, play games, eat a snack, and have fun!

## ***HOW MUCH DOES IT COST?***

Vacation Bible School is free. No payment is required.

Calvary Bible Church does not make a profit from holding Vacation Bible School.

We do collect a competitive offering every night that your child can participate in if you wish. Any monies collected are sent to a missionary that the church supports.

**IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT VBS?**

Yes, three things.

First of all, VBS photos will be taken throughout the week to be used in a wrap-up video. Pictures also may be used for promotional purposes. If you wish to be omitted from any photos taken during VBS, please do so in writing and give to the Pastor.

Secondly, we want your child to have fun at VBS. There are plenty of games and activities being planned. By allowing your child to come to VBS, you are consenting to your child participating, and you release Calvary Bible Church of Westminster, its staff, and its sponsors from responsibility and liability for any injury or illness that your child may sustain during activities.

Third, in case of an emergency please read and agree to the following. I authorize an adult leader of Calvary Bible Church of Westminster, as agent for me, to consent to an x-ray exam; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered. I expect to be contacted as soon as possible in case of an emergency.

By SIGNING your name below, you are agreeing that you have read, understand, and agree to the above statements.

(Sign Here) \_\_\_\_\_

Please fill out this form and have your child bring it with him/her to VBS the first time they attend.

Child's Name	Grade Just Completed K4-6	Medical/Food Allergies? If Yes, please explain.

Parent/Guardian's Name: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

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

Who is authorized to pick up your child from VBS? \_\_\_\_\_

Please use this space to tell us anything else we need to know about your child. (Family issues, Medical Diagnosis, etc.)

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