

Dear Family,

At *VBS Hero Central*, your students will enjoy an interactive, energizing, Bible-based good time as they discover their strength in God. They will become Heroes and explore how to serve God and God's mission for their lives.

After a high-energy opening assembly at Hero Central, the Heroes make their way to the Bible Story Headquarters. Interactive Bible lessons reveal Hero Codes to equip your Heroes for an active life with God. Your Heroes will discover a Hero Verse (Bible memory verse) that will remain with them in their faith long after VBS.

The students will expand on what they've discovered by participating in a variety of activities: making their own art projects at Craft Headquarters, singing new songs at Music Headquarters, and exploring the wonders of creation at Science Headquarters. Along the way, the Heroes will hear about our mission project and as their respond to a call for action!

Let's go!

Join us at Memorial UMC @17821 Elgin Road, Poolesville, MD 20837

**On Monday, July 24th through Friday, July 28th from 6:00 p.m. to 8:00 p.m.
Family Dinner is served every night from 6:00-6:20 p.m.
Your whole family is invited to come for dinner!**

To register or to find out more about VBS Hero Central, complete the VBS Registration Form.

Please return hard copy forms to Memorial UMC via mail P.O. Box 358, Poolesville, MD 20837
or in person to the mailbox at the main entrance of Memorial UMC 17821 Elgin Road, Poolesville
or via email to Office@pmumc.org

Sincerely,

Betty King
Your *VBS Hero Central* Team



VBS Registration Form

Memorial UMC

Student's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers Home _____ Cell _____ Work _____

Date of birth _____ Age _____

Last school grade completed _____

Approximately how many members of your family will join us for dinner @ 6pm each night? _____

Home Church _____

Friends your child would to be with at VBS _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

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

Group Assignment (To be completed by VBS staff)

Hero Group _____

★ If your child has Special Needs, please also fill out the form on the back! ★



VBS Registration Form

Special Needs Considerations

Child's Name: _____

1. How does your child best communicate his/her needs? _____

2. How does your child communicate when she or he does not want something? _____

3. What are your child's strengths? _____

4. What are your child's challenges? _____

5. What does your child like to do? _____

6. How does your child socialize/make friends? _____

7. Are there any aggressive/inappropriate behaviors we should know about? _____

8. Are there any triggers of inappropriate behaviors? _____

9. What are some things that help hold your child's attention? _____

10. Does your child have any dietary or environmental issues we should be aware of? _____

11. Does your child have physical limitations? If so, briefly describe :_

12. Are there medical issues we need to be aware of (seizures, diabetes, medications)? _____

13. What are some ways we can help your child learn about God's love? _____

14. Is there anything else you would like for us to know? _____
