



Memorial UMC  
17821 Elgin Road  
Poolesville, MD 20837

Shipwrecked VBS is open to all children ages 3-12 years old

Monday, August 6-Friday, August 10, 2018  
6:00-8:00 p.m.

Fee: \$5 per child  
Maximum of \$20 per family

July 2018

Dear Parents,

Send your kids on an impacting island adventure! Shipwrecked VBS at Memorial UMC, August 6-10, 2018!

At Shipwrecked VBS, kids discover how Jesus rescues us through life's storms. Shipwrecked is filled with incredible Bible-learning experiences kids see, hear, touch and even taste! There will be Bible stories, team-building games, cool songs, crafts and more.

Your kids will also participate in a hands-on mission project, through a program called Operation Kid-to-Kid™, which will provide seeds for families in Haiti to grow food.

Parents, you are invited to bring the whole family for dinner each evening at 6:00 p.m. Dinner is not a drop off opportunity.

Additionally, parents are invited to attend the Closing Program on Friday, August 10 from 7:30-8:00 p.m. The kids will perform songs they have learned during the week.

To register your child for Shipwrecked VBS, complete the attached registration form. Please complete one form per child. Return completed forms via mail to Memorial UMC, P.O. Box 358, Poolesville, MD 20837 or place completed forms in the mailbox adjacent to the main entrance of Memorial UMC at 17821 Elgin Road, Poolesville, MD.

A \$5 per child fee will be collected on Monday, August 6. This fee will not exceed \$20 for any one family.

Invite a friend to come with you to Shipwrecked VBS!

Sincerely,

Betty King

2018 VBS Director

# Registration Form-2018 VBS @ Memorial UMC

(One Per Child)



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

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

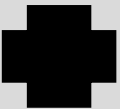
Parent's Cell Phone Number: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

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

Adults Who Can Pick Up from VBS: \_\_\_\_\_

Allergies or Other Medical Conditions: \_\_\_\_\_



In case of an Emergency, Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Photo Release:** Memorial UMC often takes photos of VBS participants during the course of the week. These photos may be used in print or electronic media. Children's names will not be included in the use of the photos.

*Yes, Memorial UMC has permission to take and use photos of my child participating in VBS activities.*

Parent's Signature \_\_\_\_\_

Crew (For church use only): \_\_\_\_\_

Permission to photocopy this resource from Group's Shipwrecked VBS granted for local church use.

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Return Completed form to Memorial UMC, P.O. Box 358, Poolesville, MD 20837