

Fawn United Methodist Church introduces:



International Spy Academy Agents for the One True God at Vacation Bible School

Get ready for fun around every corner as we train to become a special agent for the one true God.

I am the Lord and there is no other. ISAIAH 45:5

Dates: July 24th – 26th, 2018

Time: 9:00AM to 3:30PM (Preschool Class 9:00AM to 12:30PM)

Location: Fawn United Methodist Church, 67 South Market Street, Fawn Grove, PA 17363

Meals: A free lunch will be served each afternoon from 12:05 PM to 12:30 PM for all registered VBS participants. A morning and afternoon snack will also be served.

Ages: Children age 4 through 5th grade (completed).

Registration: Forms are available at the FUMC office & via www.fawnumc.org
Pre-registering for VBS is encouraged and appreciated.

Check In: Parent/guardians **MUST** check their participants in at the registration table each morning.

Safety: The safety of your children is important to us. Participants under the age of 13 must be signed in & out, each evening, by the parent/guardian/individual indicated on the registration form. They will also be asked to show ID each evening. All participants must enter and exit thru the main church lobby.

Dress Code: Please remember that VBS takes place in God's house & we ask participants to dress with respect. Shorts must be of a respectable length & mid-drifts must be covered.

Offering: Each day of VBS we will be collecting donations of canned goods for the local Food Bank.

T-Shirts: VBS Shirts can be purchased for \$10.00. If you would like to purchase a shirt, please indicate your size at the bottom of the VBS registration form. The shirts will be royal blue and come in sizes 2T to 5T, Youth S to XL and Adult S to 3XL. Please bring cash or check (made payable to Fawn U.M.C.) with you to registration on June 24th.

For more info or to volunteer contact: Lindsay Miller at 717-578-4057 or fawnumcvbs@gmail.com
Bev Whiteford at 717-818-0225

Fawn United Methodist Church, Attn: VBS, 67 South Market Street, Fawn Grove, PA 17363 •
Lindsay #: (717) 382-4573 • Bev's #: (717) 818-0225 • fawnumcvbs@gmail.com





Vacation Bible School

International Spy Academy

July 24-26, 2018

9:00-9:20	Opening Session	Sanctuary
9:20-9:50	Activity 1	
9:50-10:10	Snack (Eat snack, use bathrooms)	Fellowship Hall, Downstairs
10:10-10:40	Activity 2	
10:40-11:10	Activity 3	
11:10-11:40	Activity 4	
11:40-12:05	Morning Session	Sanctuary
12:05-12:30	Lunch and Preschool dismissal	Fellowship Hall, Downstairs
12:30-12:40	Afternoon Announcements	Fellowship Hall, Downstairs
12:40-1:10	Activity 1	
1:10-1:40	Activity 2	
1:40-2:10	Activity 3	
2:10-2:30	Snack	Fellowship Hall, Downstairs
2:30-3:00	Activity 4	
3:00-3:30	Afternoon Session	Sanctuary
3:30	Dismissal and Collect the daily bags	Church Lobby

Activity	Bible	Crafts	Faith Skills	Games
	Sunday School Classroom Downstairs Kids4Christ Wing	Social Hall Main Floor	Sunday School Classroom Downstairs Kids4Christ Wing	Fellowship Hall Downstairs
Activity 1	Grades 4-5	Preschool	Grades K-1	Grades 2-3
Activity 2	Grades K-1	Grades 2-3	Grades 4-5	Preschool
Activity 3	Preschool (in room)	Grades K-1	Grades 2-3	Grades 4-5
Activity 4	Grades 2-3	Grades 4-5	Preschool (in room)	Grades K-1

2018 Registration Form

Section (1) PARTICIPANT – Please complete a separate form for EACH participant – ages 3 through adult.

Participant's Full Name Children: Most recent grade completed in school Age (if under 25)

Street Address City State Zip Code

Gender: Male or Female Home Phone Cell Phone Email Address

My child will be attending on: (check all that apply)

☐ Tuesday, July 24 ☐ Wednesday, July 25 ☐ Thursday, July 26**Section (2) PARENT/GUARDIAN INFORMATION – Please complete if above participant is under 18 years of age.**

1) Full Name 2) Full Name

Address (if different from participant's) City State Zip Code

1) Home Phone Cell Phone Email Address

2) Home Phone Cell Phone Email Address

Section (3) DISMISSAL INFORMATION – Please complete if above participant in Section (1) is under 13 years of age.

Participants under the age of 13 must be signed in and signed out by a parent or guardian each day of VBS. We will also ask for ID each afternoon. Who may pick up your child at the end of each day?

☐ Parent/Guardian indicated in Section (2) above **OR** ☐ OTHER – Please complete your information below.

Full Name Relationship to Participant Cell Phone # Home Phone

Full Name Relationship to Participant Cell Phone # Home Phone

Section (4) SIBLINGS ATTENDING VBS**For Our Records:** If you are a parent/guardian of multiple registered participants under 18, please list their complete name and age below. Please note: A registration form must be completed for each participant.

1.) _____ 2.) _____ 3.) _____

Section (5) PHOTO/VIDEO RELEASE – Please circle one.

I authorize the posting of photographs and/or likeness of my child/children and video, film and photo on the Fawn United Methodist Church Website/Facebook Page/Facebook FawnKid4Christ group. I authorize Fawn United Methodist Church to show stream video of my child/children during worship at FUMC. Video streaming may stream live on the church's website. No child's name will be published by Fawn United Methodist Church.

☐ Yes, I grant permission ☐ No, I do not grant permission☐ Yes, I grant permission with these exceptions (please explain): _____

Section (6) EMERGENCY CONTACT INFORMATION

In the event of an emergency and the parent/guardian listed on this form is not available to be reached, please contact:

Full Name	Relationship to Participant	Cell Phone #	Home Phone
-----------	-----------------------------	--------------	------------

Full Name	Relationship to Participant	Cell Phone #	Home Phone
-----------	-----------------------------	--------------	------------

Family Doctor: _____ Phone: (____) _____ - _____

Family Health Plan Carrier: _____ Policy #: _____

Section (7) MEDICAL INFORMATION (Please write NONE, if applicable)

Please list any food allergies or dietary restrictions: _____

Please list any allergies (include possible reactions and treatments): _____

Please list any medical conditions: _____

Please describe any special needs, chronic illness, recent operations or injuries, health or emotional conditions which might affect participation in VBS activities: _____

I _____, am the legal parent/guardian of _____ and grant permission for my child to participate in Fawn United Methodist Church's Vacation Bible School (VBS 2018) and all planned activities associated with this event. I take sole responsibility for my child's participation in this event and agree not to hold Fawn United Methodist Church and any representative association with this event liable or responsible for injuries, incidences, and/or medical expenses that might arise during my child's participation in VBS.

In the event of an emergency, I understand that 911 will be called to transport my child to a hospital for emergency medical or surgical treatment and understand that I am responsible for all charges associated with this transport and treatment. ____ (Initial)

I authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for the above-named child by licensed emergency medical technicians, a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. ____ (Initial)

I hereby state that to the best of my knowledge my child is in good health to participate in this event. ____ (Initial)

Parent Name: _____ Parent Signature: _____ Date: _____

This section is optional:

Do you attend church? Yes / No Which church do you attend? _____

How did you hear about this VBS? _____

VBS Shirts can be purchased for \$10.00, if you would like a shirt, please provide your size: _____

Prayer Requests: _____

2018 Code of Conduct Form

Vacation Bible School under the sponsorship and guidance of Fawn United Methodist Church, I am a representative of that Christian community, and I am responsible for my actions. I understand and agree to follow these guidelines:

1. The possession or use of alcoholic beverages or other unprescribed drugs shall be prohibited.
2. All conduct and language shall be in keeping with the highest Christian regard and respect for all persons.
3. All individuals shall be expected to participate in group activities.
4. No individual shall go off by him/herself
5. All dress shall be in good taste.
6. The area used for the meeting, retreat, or other event shall be left clean.
7. All rules and expectations of the leaders and of the group shall be followed, as well as the rules and expectations the event/location that we are attending.
8. If I cannot follow these guidelines, I understand that my parents shall be called to come and take me home at my own expense.
9. I will PUT AWAY all electronic devices (i.e. Cell phones, radios, electronic games, etc...) until the appropriate time or requested to do so by the adult leaders.
10. I will be respectful to my students, adult leaders, volunteers and all around me. This includes but is not limited to no name calling, teasing, making fun of, bullying, hitting, pushing or other hurtful actions. Do not take or destroy another person's property, craft, or papers.

If a leader needs to address any behavior issues it will be done in the following manner, unless VBS leadership determines the behavior issue deems immediate dismissal from VBS.

1. A warning will be given to the participant and a behavior report will be completed by the leader. The behavior report will be signed by the participant and the parent/guardian.
2. If the behavior continues, the participant's parent will be contacted, and the participant will sit out from the group activity. The leader will complete a 2nd behavior report.
3. If the behavior continues, the participant's parent will be contacted for pickup and the participant will be dismissed from VBS 2018. The leader will complete a 3rd behavior report.

To Be Signed by Child

I, _____, have read and understand the Code of Conduct as stated above. To the best of my ability, I agree to abide by it.

Please Sign Your Name Here: _____

Date: _____