

Dear Families and Friends of Berwyn U.M.C.;

It is our mission to team with families to help children grow in the confidence and understanding of the love of God.

At Hero Headquarters, kids will discover unnamed hero who were not super or powerful, yet their small acts were used by God to do wonderful things! What they had was a willingness to be used by God right where they lived.

Here is a sneak peak at the themes and Bible stories we will be exploring this summer.

Sunday – Heroes do the unexpected. 2Kings 5:1-14

Monday – Heroes take action. Luke2:1-20.

Tuesday – Heroes step out in faith. Matthew 8:5-10, 13

Wednesday – Heroes save the day. John 6:1-13

Thursday – Heroes stand for truth. Acts 23 12-24

### ***Light supper included.***

To sign up, please fill out a registration form for each child you will be sending to VBS. Return the form to the church office or mail to the address on the front of the brochure, attention VBS. Don't forget to include the fee. You may also register online if you prefer, at [www.berwynumc.org/vbs](http://www.berwynumc.org/vbs).

Please note that registration is required. Space is limited so please register before the June 15 deadline.

We look forward to seeing you and your children this summer!

### **Questions**

Please contact Nancy Atchison (610-644-2775) or Janet Campbell (610-647-8291) Sarah Polasky or email the church office at [officebumc@comcast.net](mailto:officebumc@comcast.net)

### **VBS REGISTRATION FORM**

*Please complete both sides of form and submit with payment.*

Student's Name \_\_\_\_\_  
(age 4 through 5th<sup>th</sup> grade only)

Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_  
(Used to group pre-elementary school children)

Parent's Name(s) \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_  
(Used for program email only)

Phone No. 1) \_\_\_\_\_ (circle) Cell Home Work

2) \_\_\_\_\_ (circle) Cell Home Work

3) \_\_\_\_\_ (circle) Cell Home Work

Who is authorized to pick up this child from VBS, other than the parents listed above?

1. \_\_\_\_\_

2. \_\_\_\_\_

I give permission for my child's pictures to be used in a VBS slideshow (for Berwyn UMC only). YES / NO

Can you help with VBS? YES / NO / MAYBE (please circle)

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Registration Forms**

Completed registration forms and fee should be delivered or mailed to the church office (address on the front). Additional registration forms are available at

[www.berwynumc.org](http://www.berwynumc.org)

### **REGISTRATION FEE**

BEFORE JUNE 15 - \$35

AFTER JUNE 15 - \$45

Checks should be made payable to Berwyn U.M.C.

***Please complete the reverse side!***

**MEDICAL INFORMATION AND AUTHORIZATION FORM**

1. Any allergies of medical concern? YES / NO (please circle)  
If yes, please detail allergies and extent of allergies below.

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*NOTE: If this student has any food allergies, you may be required to provide the daily meal. (Water will be provided.)*

2. Please detail any other medical conditions, behavioral issues or special needs that we should be aware of. Include any medications this student is currently taking.

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**Emergency Contact**

Name ----- Phone No. -----

Cell Phone Number ----- Work Number -----

Parent's Signature: ----- Date -----

**Release of Liability**

I release Berwyn Methodist Church and its ministers, leaders and volunteers from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. I further agree to indemnify and hold harmless Berwyn Methodist Church and its minister, leaders and volunteers from any and all claims arising from my child's participation in these activities, or as a result of injury or illness of my child during such activities.

**First aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Berwyn United Methodist Church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment.

I represent that I am the parent/guardian of -----  
I give permission for the child named above to participate in the Vacation Bible School of Berwyn United Methodist Church. I hereby consent to the Release of Liability and Emergency Medical Treatment above, on behalf of the child and agree that this form shall be binding upon me.

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Signature of Parent or Legal Guardian ----- Date -----

**CHILDREN'S MINISTRIES OF  
BERWYN UNITED METHODIST CHURCH**

**Proudly Presents  
Vacation Bible School 2010**

***HERO HEADQUARTERS***

**SUNDAY JUNE 27 - THURSDAY JULY 1, 2010  
4:30 - 7:30 P.M.**



For children 4 years -through Grade 5

Please register by 6/15/2010

Berwyn United Methodist Church  
140 Waterloo Avenue  
Berwyn, Pa. 19312  
610-644-5555  
[www.berwynumc.org](http://www.berwynumc.org)