

**DAMASCUS UNITED METHODIST CHURCH
SUMMER FAITH TIME REGISTRATION FORM**

Age 4 – entering 5th grade

July 22-25 2024 • 9:00 a.m. - 12:00 p.m.

Please fill out one form and the supplemental video/for each family and return it electronically to office@damascusumc.org or by mail: DUMC, Attn: SFT 9700 New Church St., Damascus, MD 2087

Name _____
Name _____
Name _____
Name _____

Grade entering _____
Grade entering _____
Grade entering _____
Grade entering _____

Parent (1) _____ Phone # _____
email: _____

Parent (2) _____ Phone # _____
email: _____

Address : _____

Allergies (please indicate which child)

Does your child receive accommodations at school that would help them to have a more enjoyable VBS? Please provide details below so we can make arrangements.

In case of an emergency, I give permission for Shady Grove Hospital to treat my child/children for any accident or injury that occurs during VBS for any accident or injury that occurs while attending Vacation Bible School.

Name of Doctor _____ Phone Number _____
Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date _____

Photo/Video Waiver (Your response to this does not impact your child's ability to participate in Vacation Bible School but is required to be signed.) (See back)

Please indicate below if your child's image can be used by Damascus UMC, for church purposes only, including but not limited to: still photography, video, electronic and print publications and websites:

_____ Yes, you may use my child's image for Damascus UMC media

_____ No, you may not use my child's image for Damascus UMC media

Signature: _____ Date: _____