



First Christian Church ~ 1345 Potomac Avenue ~ Hagerstown, MD 21742  
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## Vacation Bible School 2022: Food Truck Party!

Sunday, June 26<sup>th</sup> through Thursday, June 30<sup>th</sup>

6:00 PM ~ 8:00 PM

Our Vacation Bible School classes are designed for children ages three (3) and potty-trained (by June 1, 2022) through youth entering the 5<sup>th</sup> Grade (Fall 2022). This is a **FREE VBS**.

For further assistance please contact Dianna in the Church Office: 301.733.0144 or our Director of Children Ministry, Sherry Peacher: [sherrypeacher@fcchagerstown.org](mailto:sherrypeacher@fcchagerstown.org)

Family Last Name: \_\_\_\_\_ Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child(ren) live with: Both: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

If there are any custody concerns that we should be aware of or if there is anyone who does **NOT** have permission to pick-up your child please make note here: \_\_\_\_\_  
\_\_\_\_\_

Do you have a home church? \_\_\_\_\_ How did you hear about our VBS? \_\_\_\_\_

**If Parents cannot be reached, list 2 people who may be contacted to care for your child:**

|                        |  |
|------------------------|--|
| _____ ( ) _____        | _____  |
| Emergency Contact Name | Emergency Contact Number      Emergency Contact Relation |

|                        |  |
|------------------------|--|
| _____ ( ) _____        | _____  |
| Emergency Contact Name | Emergency Contact Number      Emergency Contact Relation |

Physician's Name: \_\_\_\_\_ Physician's Phone Number: ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone Number: ( ) \_\_\_\_\_

I/We authorize the appointed adult in whose care \_\_\_\_\_  
has been entrusted, to consent on his/her behalf to any medical, dental or emergency services and treatment recommended by a duly licensed physician or other competent person in the event of sickness or injury. It is further agreed that I/We assume full responsibility for all injuries and damages to person and property incurred by my/our child. I/We further understand that I/we am/are responsible to report any changes to the information provided above and I/We assume full responsibility for failure to do so.

In giving this authorization, I/we hereby release First Christian Church of Hagerstown, its staff, chaperones, volunteers and sponsors from all claims, causes of action, damages and liability for all personal injuries, sickness or property damage arising by reason of any cause, matter or accident occurring during any youth or children's ministry program activity during Vacation Bible School.

I/We also give consent for my/our child/children's picture to be taken and used for any promotional and/or

publication purposes of First Christian Church of Hagerstown or related organization, along with or in conjunction with Facebook. Yes: \_\_\_\_\_ No: \_\_\_\_\_ Parent's Initials: \_\_\_\_\_

**In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the activity or church to have your child transported.**

Child # 1

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Fall 2022: \_\_\_\_\_ Apron Size: \_\_\_\_\_ (age 2 - 6) or \_\_\_\_\_ (age 7 - 13)

Is there any medical condition, allergy/food allergy, or instruction for medication of which we should be aware? Please explain in detail: \_\_\_\_\_

Any other pertinent information concerning any limitations (physical, mental, emotional) that would affect the child's participation in program activities? Please explain in detail: \_\_\_\_\_

Child # 2

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Fall 2022: \_\_\_\_\_ Apron Size: \_\_\_\_\_ (age 2 - 6) or \_\_\_\_\_ (age 7 - 13)

Is there any medical condition, allergy/food allergy, or instruction for medication of which we should be aware? Please explain in detail: \_\_\_\_\_

Any other pertinent information concerning any limitations (physical, mental, emotional) that would affect the child's participation in program activities? Please explain in detail: \_\_\_\_\_

Child # 3

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Fall 2022: \_\_\_\_\_ Apron Size: \_\_\_\_\_ (age 2 - 6) or \_\_\_\_\_ (age 7 - 13)

Is there any medical condition, allergy/food allergy, or instruction for medication of which we should be aware? Please explain in detail: \_\_\_\_\_

Any other pertinent information concerning any limitations (physical, mental, emotional) that would affect the child's participation in program activities? Please explain in detail: \_\_\_\_\_

Are you bringing a Guest? Please list their name, age, and grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian      Date Signed      (    )      \_\_\_\_\_  
Cell Phone Number      Email

\_\_\_\_\_  
Signature of Parent / Guardian      Date Signed      (    )      \_\_\_\_\_  
Cell Phone Number      Email