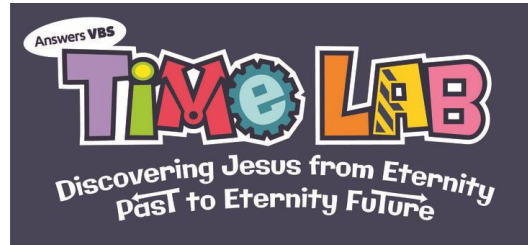


**Berlin/Milan/Norwalk/Community  
Vacation Bible School 2018**



**Imagine meeting the most important man ever!!!  
A man who was not just a man but also GOD**

**Sponsored by:**

**Edison Memorial**

**United Methodist Church**

**Milan Presbyterian Church &**

**St. Anthony's Catholic Church**

**Norwalk, St. Paul/St.Mary**

**There will be exciting games, activities, Stories and food.**

**June 25-29**

**9:00 a.m. – 11:30 a.m.**

**At St. Anthony's Catholic Church**

**Opening Worship every morning**

**In church at 9:00 a.m.**

**All children of the Berlin - Milan area (including Norwalk)**

**Who are 4 years old through those entering**

**Fifth grade are welcome!**

**Fees: \$10:00 per child**

**Or \$30.00 per family**

**(Financial assistance available)**

**Make checks payable to Milan Community V.B.S.**

**Return registration form on back and fees to any of the sponsoring churches or by mail to V.B.S., P.O. Box 225, Milan Ohio 44846 by June 19th . The first 50 families to turn in their registration forms on time will receive a free CD of this years Bible School Music. (Available at each sponsoring church). Registrations received after June 5<sup>th</sup> cannot be guaranteed a VBS t-shirt. If you have any questions please contact one of the sponsoring churches.**

# BERLIN -MILAN COMMUNITY V.B.S.

June 25-29

Print Family Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

E-mail \_\_\_\_\_

Name(s) of Child(ren): Name	Grade in school (fall 2018)	Age	T-Shirt Size please circle size and Youth or Adult
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_____	_____	_____	Y or A small med large
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_____	_____	_____	Y or A small med large
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_____	_____	_____	Y or A small med large
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Please list each child, any allergies and/or health problems and special instructions:

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In the event of an emergency, please contact: (please list two people.)

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the emergency contacts are not available, I give my permission to seek emergency care of my child(ren). This authorization does not include major surgery unless the medical opinions of two licensed physicians or dentists have concurred on the surgery prior to surgery.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

### Activity & Media Permission

My Child(ren) has permission to participate in all class projects, field trips, and activities in connection with Vacation Bible School. In case of accident or injury, I will not hold the volunteers or staff financially or personally liable.

I also give my permission for Milan Community VBS to use my child/ren's photograph to be used on social media ( church websites and facebook) along with church bulletins. Names will "NOT" be used.

**Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I do NOT give permission to release my child/ren's name or photographs.**

**Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

If we need assistance in teaching, etc. Would you be willing to help? (All volunteers are welcome, sixth grade through adult. We provide a baby sitter for any small children.) \_\_\_\_\_

If you are able to provide items for snack please place a check here \_\_\_\_\_

(If so, you will be contacted by our refreshment coordinator.)

\*\*\*\*Please send information about financial assistance. \_\_\_\_\_