

# **Toulon Community VBS**

Get Ready...



For a How|in' Good Time!

Dear Friend,

At Monumental VBS, kids celebrate God's greatness! Monumental is filled with awesome Bible-learning experiences kids see, hear, and touch! Sciency-Fun Gizmos, team-building games, unforgettable Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and sturdy shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings®. Get ready to hear that phrase a lot!

Your kids will also participate in a hands-on mission project, through a program called Operation Kid-to-Kid™, that will provide school supplies for kids living on reservations.

**Date/Time: June 27- July 1, 2022 from 8:30 a.m. to 11:00 a.m. each day.**

**Place: We start at the Toulon United Methodist Church and then travel to both the First Baptist Church and the First Congregational Church and then back to the Methodist Church for our closing.**

Contact: Baptist 309-286-4611; Methodist 812-698-92947; Congregational 309-286-4901

First Baptist Church Toulon  
PO Box 636  
110 W Jefferson  
Toulon, IL 61483

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**BRING THIS COMPLETED FORM WHEN BRINGING CHILDREN TO VBS**

To register your children for Vacation Bible School please list your children's  
NAMES and GRADE COMPLETED (Pre, K, or 1-5) in the form below:

Gender	Names (First & Last)	Grade	Allergies (please list for each child if any)
boy   girl	_____	_____	_____
boy   girl	_____	_____	_____
boy   girl	_____	_____	_____
boy   girl	_____	_____	_____
boy   girl	_____	_____	_____

Your Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Your Home Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Your Home Phone #: \_\_\_\_\_ Cell Phone / Alternate Phone #: \_\_\_\_\_

Church You Attend:  United Methodist  Congregational  Baptist  Other  None

If "Other", please list \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Consent Agreement - Toulon Community VBS**

The parent or legal guardian of the student(s) listed on this form, certify that he/she/they has/have my full approval to participate in the Toulon Community VBS. The individual(s) identified on this form understands that all students are expected to abide by the program rules and be directly responsible to the Toulon Community VBS Leaders.

Further, I do allow Toulon Community VBS and its partnering churches to use photographs and video footage shot at the program of the individual(s) named above for promotional materials.

Further, I do authorize any minister or adult leader, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child(ren) is/are covered by adequate accident insurance. By registering my child(ren) for VBS, I certify that I have read and agree to the information given in this entire form and hereby give my consent to participate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_