

# Immanuel Lutheran Church

## \*\*\*\*\* Vacation Bible School 2017! \*\*\*\*\*

You are invited to attend Vacation Bible School at Immanuel Lutheran Church!  
Children 3yrs old - 6<sup>th</sup> grade for the 2017 - 2018 school year.  
Those entering 1<sup>st</sup> - 6<sup>th</sup> grades will be led by counselors from Luther Park Bible Camp (LPBC), and those in preschool - KG will be led by Caring Adults from Immanuel.  
We will sing, play games, share Bible stories, and make crafts.  
Please feel free to invite friends to share the fun!



## VBS Day Camp: August 7 - 11

**Ages 3 - Kindergarten: 9 am - 12 Noon**  
**1<sup>st</sup> Grade - 6<sup>th</sup> Grade: 9 am - 2 pm (9-12 Noon on Friday)**  
1<sup>st</sup> - 6<sup>th</sup> graders...make sure you bring a lunch!

**Registration Fee: \$25**

\*\$5 Family discount for each additional child  
\*Scholarships available - talk to Alyssa

## Registration Deadline: Sunday, July 30 2017

*Note: Luther Park VBS T-Shirts will be available for purchase (cost is usually around \$10) during the week*

Child's Name \_\_\_\_\_  
2017/2018 Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Child's Name \_\_\_\_\_  
2017/2018 Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address \_\_\_\_\_

Number to reach you during VBS \_\_\_\_\_

Email \_\_\_\_\_

## **Helping Hands Needed!**

Volunteer Name(s) \_\_\_\_\_

Please indicate ways you would be willing to help:

- ☐ I would like to provide a snack for the children. (Which day? \_\_\_\_\_)
- ☐ I would like to provide housing for (3) LPBC Counselors.
- ☐ I would like to provide a lunch for LPBC counselors for one day. (Which day? \_\_\_\_\_)
- ☐ I would like to have the LPBC Counselors over for supper. (Which day? \_\_\_\_\_)
- ☐ I would like to support the VBS program by making a monetary donation of \$\_\_\_\_\_
- ☐ I would like to volunteer my time. I am available the following days/times to help:

### **PERMISSION AND MEDICAL AUTHORIZATION**

\_\_\_\_\_ has my permission to take part in the Luther Park Bible Camp VBS program on August 7-11 at Immanuel Lutheran Church. I hereby authorize any recognized adult leader of the event to give medical treatment after consulting a medical doctor and making every attempt to contact me as soon as possible. I retain the responsibility for any and all bodily injury, loss, or damage of personal property while en-route to, from, and during VBS. I waive any claim against LPBC and the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage. By signing below, I give permission for photographs/video including my child to be used in the promotion of Immanuel Lutheran Church, LPBC and/or the ELCA. I also understand the LPBC does not allow the use of any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**If any person besides the child's parent will be dropping off or picking up the child, please provide that person's name/phone number:**

**If you do not have a current Participant Information Form on file with Alyssa, please complete the following:**

**PLEASE LIST ANY MEDICATIONS, FOOD ALLERGIES, OTHER ALLERGIES, OR ANY OTHER IMPORTANT MEDICAL INFORMATION:**

Doctor's Name /Hospital Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ 2<sup>nd</sup> Emergency Phone: \_\_\_\_\_