

Faith Lutheran Church ~ Vacation Bible School Registration ~

July 14-18, 2019 6:00 p.m. – 8:00 p.m.

Optional meal provided Monday-Thursday 5:30-6:00PM

Please complete both sides of this form and pay \$10 per child not to exceed \$30 per family; scholarships available

You may register online at www.faithlutheraneldridge.com

Child's Name: _____ Parent or Guardian(s): _____

Full Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Child's Birthdate (mm/dd/year): _____

Contact person and phone number where someone can be reached during Bible School: _____

T shirt Size (indicate Youth or Adult size) _____

Grade Child just completed (2018-2019) ~ Please circle one.

Pre-Kindergarten (4 year olds) Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

Cost: \$10 per child – please make checks payable to Faith Lutheran Church or cash in an envelope with your child(ren)s name on it.

Emergency Info

Physician's Name: _____ Address: _____

Physician's Phone: _____ Known Allergies/Medical conditions: _____

_____ Are immunizations current: Yes/No _____

Medications (and times needed if must be administered at camp): _____

Insurance Company: _____ Policy Number: _____

Policyholder Name: _____

PICK UP AUTHORIZATION ~ I hereby authorize:

Name: _____ Phone Number: _____ Relationship: _____

to pick up my child(ren) from VBS being held at Faith Lutheran Church. If there are any changes in these arrangements, I will give advance written notice. Here are special instructions, or any persons who are never authorized to pick up my child:

I give permission for my child's photo to be used in post VBS slideshows at Faith Lutheran Church.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION for Medical Care

I hereby enroll and give permission for my child to participate in the planned activities of Vacation Bible School at Faith Lutheran Church. In the event that I cannot be reached in an emergency, I authorize the church leaders to seek medical care for my child. Further, I authorize the staff to secure any medical or emergency treatments deemed necessary. The camper's parent or guardian is the primary carrier of accident/health insurance. The information listed above is accurate. If there are any changes, I will contact the church with the correct information.

Signature of Parent/Guardian: _____ Date: _____

**2019 vacation bible school
Conduct Covenant**

As a participant in Vacation Bible School and a child of God, I understand and agree to the following expectations:

- I will choose to participate fully in Vacation Bible School.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- I will choose to listen to the VBS leadership team and volunteers.
- I will choose to use my words to build others up or I will choose to be quiet.
- I will choose to maintain self-control. I will not bring harm to myself or to others.
- I will choose to be respectful of the facilities and grounds where Vacation Bible School is held.
- I understand that if I damage other people's property, I am responsible for replacing/repairing it.
- I understand that if I choose to break this Conduct Covenant, there are consequences.
- I will take responsibility for my actions.
- I understand that if I choose to harm myself, or others, my parent/guardian will be contacted and I will be sent home.

Vacation Bible School Student Signature

I have read this Conduct Covenant and enter into it with my child. I will encourage my youth to abide by it. I understand that should my youth choose to break this Covenant, every effort will be made to contact me and my youth will be sent home. I also understand that if I am not reachable, the emergency contact listed on the registration form will be contacted.

Parent/Guardian Signature

Is your church membership: Faith Lutheran? _____ Other? (Please list) _____

How did you hear about our program? _____

Volunteer Opportunities

Name: _____ Phone: _____

Please check the following areas where you are able to help.

_____ Lead Opening/Closing _____ Kitchen Committee _____ Storyteller

_____ Serve as a Star Guides

(indicate preferred age group – Pre-K (4 yr), Kindergarten, 1st Grade, 2nd Grade, 3rd Grade, 4th/5th Grade)
(stay with the same group of kids each day and get them to the places they need to be—short reflection time at the end of the evening with a booklet provided – very little preparation required)

_____ Craft Leader or helper

(plan and teach crafts for 4 sections of each age group, ideas are provided—each section is 20-25 minutes)

_____ Recreation Leader or helper

(plan and run games for 4 sections of each age group, ideas are provided—each section is 20-25 minutes)

_____ Music Leader or helper

(plan and lead music time for 4 sections of each age group, ideas are provided—each section is 20-25 minutes)

_____ Science Experiment Leader or helper

(plan and lead science experiments for 4 sections of each age group, ideas are provided—each section is 20-25 minutes)

