

# We Are Called...

## St. John's Vacation Bible School July 23 – July 27, 2018

Please join us for fun, fellowship, and faith-nurturing messages.

**When:** July 23 – July 27, 2018

**Kindergarten to 5<sup>th</sup> Grade** *(Grade completed this school yr.)*

Monday – Friday 9:00 am to 12:00 pm

Friday (Friday 11:30 closing worship)

**Preschool** *(Age 4 by September 1, 2018)*

Monday – Friday 9:00 am to 12:00 pm

**Where:** St. John's Lutheran Church,  
1804 Highland Ave, Eau Claire

**Cost:** \$10.00/child – includes t-shirt, daily snack and beverage.

**Why:** It is an opportunity to help our families and congregation fulfill our baptismal promise to nurture our faith.

**How may I help?** We will need the following helpers: Station Leaders, Youth Counselors, Teachers, Snack Help, Registration, Nursery, Musicians

**See the volunteer sign up sheet outside the Education Director's office.**

**How do I register?** Complete the front and back of the attached form (registration, health history, photo consent) and return it to St. John's.

**Want to volunteer?** **VBS volunteers** (8<sup>th</sup> grade and older) **need to complete a Volunteer Application form. See Chris Sims for an application.**

This information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors. **\*Participants must be 4 years old by September 1, 2018**

**Camper #1 Name:** \_\_\_\_\_  
Last First MI

Preferred Name: \_\_\_\_\_  Female  Male

Birth Date: \_\_\_\_\_ Camper's Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

**Camper #2 Name:** \_\_\_\_\_  
Last First MI

Preferred Name: \_\_\_\_\_  Female  Male

Birth Date: \_\_\_\_\_ Camper's Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian—In Case of Emergency, Notify:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Your Location while child is at VBS: \_\_\_\_\_

Who will be picking your child up? \_\_\_\_\_

**HEALTH HISTORY**

Does camper have any physical condition requiring special care? Please explain

\_\_\_\_\_  
\_\_\_\_\_

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

\_\_\_\_\_  
\_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, indicate: Carrier: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

**VBS T- Shirt order information:**

**Shirt Sizes:** Youth

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Adult

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X Large \_\_\_\_\_

**Total # of Shirts:** \_\_\_\_\_

**Number of children:** \_\_\_\_\_ X \$10.00 = **Total Amount Due:** \_\_\_\_\_

**REVERSE SIDE OF FORM MUST ALSO BE COMPLETED**

# St. John's VBS Day Camp Registration & Emergency Health Form

**THIS SIDE MUST BE COMPLETED FOR ATTENDANCE**

Church where Day Camp is being held: St. John's Lutheran Church  
Town/State: 1804 Highland Ave, Eau Claire, WI Date: July 23 – July 27, 2018

I understand and certify that my child's participation in St. John's Vacation Bible School Day Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and acknowledge that although St. John's has taken safety measures to minimize the risk of injury, St. John's cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by St. John's rules, regulations and procedures for the safety of participants. I waive any claim against St. John's and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

**This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.**

**AUTHORIZATION FOR TREATMENT:** In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the VBS Day Camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

**AUTHORIZATION FOR TRANSPORTATION:** I hereby give permission for my child to be transported for off-site outings. (Applies to youth helpers.)

**AUTHORIZATION FOR USING LIKENESS:** I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of St. John's and/or the ELCA.

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Signature of Camper's Parent/Guardian

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Date

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# Vacation Bible School

July 23 – July 27, 2018

St. John's  
Lutheran Church

1804 Highland Ave  
Eau Claire, WI 54701  
715-834-9571