

THRIVE

"Like a tree planted by water
We will never run dry."
Casting Crowns

St. John's Vacation Bible School July 22 – July 26, 2019

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

When: July 22 – July 26, 2019

Kindergarten to 5th 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, 2019)*

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** (8th 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, 2019**

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 22 – July 26, 2019

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.

Signature of Camper's Parent/Guardian

Date



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**St. John's
Lutheran Church**

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