



# Vacation Bible School

July 29 – Aug 2, 2019

9 am-12:00 pm

**Registration Form**

For children born by

December 31, 2015 – 6<sup>th</sup> Gr

Open Registration: May 13–July 19, 2018

LATE Registration: July 22-26, 2018 *(Space available)*

**There will be**

**NO REGISTRATION on July 29, 2019**

Students will participate in OUT OF THIS WORLD experiences while learning about GOD.

Students will become astronauts and explore how to serve God and God's mission for their own lives.

*We look forward to spending the week with your Kind and Respectful children!*

***We will dance, sing, make crafts, play games, learn bible stories, and have FUN! Join us!***

## VACATION BIBLE SCHOOL REGISTRATION FORM

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

NAME (PARENTS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CITY, ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME CONGREGATION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CHILD/CHILDREN'S NAME

BIRTHDATE(S)

LAST GRADE ATTENDED

CHILD/CHILDREN'S NAME	BIRTHDATE(S)	LAST GRADE ATTENDED

Emergency Contacts: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other \_\_\_\_\_

Health information of possible concern to staff (allergies, dietary, Epipen, etc.) \_\_\_\_\_

**Please send an allowable Snack (NO nuts or products processed with nuts) and Water (only) for your child daily.**

**Medical Release:** I give my permission for any and all medical attention necessary to be administered under the direction of St. Matthew's Lutheran Church VBS staff to the above named child(ren) in the event of an accident, injury, sickness, etc.

I assume responsibility for payment of such treatment. \_\_\_\_\_

(Parent Signature)

(Date)

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEMBERS & DaySchool Families Enclose \$20/child \$35/family attending.**

**May be returned in the Church OFFERING or to the OFFICE.**

**PUBLIC Enclose \$30/child attending. May be returned to the CHURCH OFFICE.**



A private Facebook page will be created for all VBS Participants. Pictures will be uploaded so families can see the fun all the kids are having at VBS during the week. If you would like to **OPT-OUT** of your child's photo being taken and put on this private page, please sign here:

**I OPT-OUT of my child's photo being displayed on the private Facebook page:**

\_\_\_\_\_  
*(Parent Signature)*

**ASTRONAUT DISMISSAL: ATTENTION PARENTS**

We will end each day with all Astronauts coming to Fellowship Hall for a meeting with our Space Captain. This will occur at 11:45 am. We will review the Bible story and sing songs. We invite parents and/or day care providers to join us each day. At the conclusion of the daily program, the Astronauts will return to their classroom. Parents/Day Care Providers will go to the classroom and sign out each Astronaut. Please list below the individuals who have permission to pick up your child.



CHILD/CHILDREN'S NAME

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

PARENTS NAME:

(Mom) \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

(Dad) \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**THE FOLLOWING PEOPLE WILL/HAVE PERMISSION TO PICK UP AND SIGN OUT MY CHILD**

	NAME	RELATIONSHIP	CELL PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Payment DUE at REGISTRATION**