

Where All are Blessed: The Kingdom of God

Vacation Bible School - 2019

August 5 - 8

Held at Hope Lutheran Church, 2226 Eddy Lane, Eau Claire

\$5.00/child with a \$20.00 family cap

Students who are 3 years old - 6th Grade during the 2018-2019 School year are invited to join friends from Hope, Spirit and Good Shepherd for VBS!

Those registered in K - 6th Grade will be led by counselors from Luther Park Bible Camp, and those in preschool will be led by caring adults from the churches.

We will sing, play games, share Bible stories and make crafts.

Please feel free to invite FRIENDS to share the fun!

Mon - Thurs. 9:00am - 3:00pm

Pre School - 9:00am - 11:00am

*Please bring a sack lunch each day! Snack will be provided each day!

*Luther Park will have t shirts for sale during the week.

Please complete this form and return to your church office before August 1st.

Child's Name: _____

Grade completed: _____ Age: _____

Birthdate: _____________

Child's Name: _____

Grade completed: _____ Age: _____

Birthdate: _____________

Child's Name: _____

Grade completed: _____ Age: _____

Birthdate: _____________

Child's Name: _____

Grade completed: _____ Age: _____

Birthdate: _____________

Parents Names: _____

Address: _____ e mail Address: _____

Phone number to be reached during VBS: _____

*PLEASE COMPLETE THE REVERSE SIDE

Permission and Medical Authorization

_____ has my permission to take part in the Luther Park Bible Camp VBS program on August 5 - 8 at Hope Lutheran, in partnership with Spirit Lutheran and Lutheran Church of the Good Shepherd. I hereby authorize any recognized adult leader of the program 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, damage or 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 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 the 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

Please list any medications, food allergies, other allergies, or any other important medical/educational information here:

Doctor's name/Hospital affiliation: _____ Phone: _____

Insurance carrier _____ Phone: _____

2nd Emergency contact: _____ Phone: _____

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

Name

Phone

Helping Hands are needed!!!

Volunteer name(s): _____

Best way to contact: _____

Please indicate ways you would be willing to help (check all that apply!):

____ I would like to provide a snack for the students.

____ I would like to provide housing for 2-3 LPBC Counselors.

____ I would like to provide a lunch for LPBC Counselors, (Which day(s)? _____)

____ I would like to have the LPBC Counselors over for supper. (Which day(s)? _____)

____ 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:
