



God's Champions
Vacation Bible School 2011
St. Luke's, Immanuel & Trinity Lutheran
At St. Luke's - 2011 10th St, Wisc Rapids



July 31 - August 4
Mornings M-Th 9-10:30 a.m. for 2-4 yr olds
Evenings 6:00 p.m. to 8:15 p.m. 3 yr old - 11 yr old (6th grade)

Child's Name: Last _____ First: _____ DOB: ____/____/____
 Grade in School for fall 2011 : _____ Evening Class Morning Class **(2-4 yr old only)**

*Please Note: All children must be able to use the toilet independently or be in diapers.

Mother: _____ email _____

Address: _____ Phone: _____ home or cell

Father: _____

Address _____ Phone: _____ home or cell

Emergency Contact _____ Phone: _____

Child's Home Church: _____

Child's Known Allergies: _____

List any Physical/Medical Conditions that may influence your child's participation or appropriate emergency medical care (such as routine medications, chronic conditions, etc.) _____

List any additional information we should know about your child: _____

During VBS, I will typically be: _____ at VBS _____ at Home _____ Other

If other, what is the best way to reach you? _____

We plan to attend meals from 5-6 p.m. before evening VBS yes no number of people _____

PERMISSION

I give my permission for my child _____ to participate in all aspects of the VBS— God's Champions program, July 31 - August 4, 2011. I am aware that I am responsible for being available, or for having one of the designated emergency contact people listed available, at all times during the program's operation.

Check one response "do" or "do not":

I **do** ___ **do not** ___ consent to having photographs/videos of my child used for educational and/or publicity purposes only such as a closing program power point, as deemed appropriate by VBS staff.

Parent/Guardian Signature: _____ **Date:** _____