

2014 Vacation Bible School-Here Comes Jesus

9:00 am to 12 noon
July 14th through 18th

Presented by:

Family of Christ Lutheran Church
For Children Ages 4 to entering 4th Grade
Registration Deadline: July 7th



Sunday July 20th
Barbeque & Fun
Fest!
VBS Kid's Sing
during worship-

Register early as space is limited. For organizations and safety purposes, we cannot accept "day of" registration.

Requested donation \$15 per child. Please write checks to "Family of Christ"

Registrations may be turned into the FOC church office, mailed to FOC, or enclosed in an envelope and dropped in the offering on Sunday. Questions? Contact FOC at 573-5031, 3500 NW 129th Street, Vancouver, WA 98685

Registration Form Must Be Completed and Returned To Family of Christ Lutheran Church. Please Print.

Parent (s) Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Home Church _____ City _____

Email Address _____

There are _____ people in our household, over the age of 12, who would like to help with VBS.

I hereby give informed and expressed consent for my child to take part in all Day Camp activities under supervision, and agree that the Day Camp or Day Camp personnel will not be held responsible for accidents arising therefrom. I authorize the Day Camp Health Care Provider and/or designated Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while my child is at Day Camp.

Approved Driver

Name of person(s) picking up child _____

Phone # of Approved Driver _____ Alt. # _____

Relationship to Parent and Child _____ Days to be picked up: M T W T F

My Child has permission to walk/ride bike home from Day Camp: Yes No

My signature on this form verifies that everything is complete and accurate, to the best of my knowledge.

Parent/Guardian Signature

Date

Continued on Back

Child Name _____ Date of Birth ___/___/___ Age _____ Grade_____ M / F

Emergency Information - In Case of Emergency please Notify:

Name _____ Phone # _____

Address _____ City _____ Zip _____

Relationship to Child _____

List any physical restrictions _____

Health History: Please Check all that apply

- Frequent Soar throats Seizures Headaches Heart disease
 Frequent Ear Infections Asthma Diabetes Back pain or strain

Does your Child have any special needs? _____

Date of last Physical exam _____ Date of last Tetanus Shot _____

Allergies

My Child has allergies to: (please circle) food / medication / Environmental (animal, plant, insect, etc.) / other

Describe Allergen _____

Type of Reaction: Mild / Moderate (rash, swelling) / Severe (difficulty breathing)

Details _____

Family Medical Insurance Yes No Carrier / Policy/ Group #: _____

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