

WESLEY UNITED METHODIST CHURCH
OUR SAVIOR'S LUTHERAN CHURCH
FIRST LUTHERAN CHURCH
VACATION BIBLE SCHOOL
REGISTRATION FORM
(Required for participation)



VACATION BIBLE SCHOOL @ OUR SAVIOR'S LUTHERAN CHURCH!

THEME... Wilderness Escape: Where God Guides & Provides

WHEN... Sunday, August 15th through Thursday, August 19th

TIME OF DAY... Evenings, 5:30 to 7:30 p.m.

WHERE... Our Savior's Lutheran Church, 501 East 23rd St.

WHO... Kindergarten through Fifth Grade



Home Congregation _____

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FIRST LUTHERAN CHURCH



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Name _____ Gender _____
Address _____ Birth Date _____ Grade completed _____
City, State, Zip _____ Home Phone _____
Parent/Guardian _____ Cell Phone _____
Emergency Contact _____ Emergency Phone _____
Health Insurance Co. _____ Policy No. _____

I hereby enroll and give permission for my child to participate in the planned activities of VBS. I acknowledge the health of my child to be ready for VBS. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the VBS Leader to secure any medical or emergency treatment deemed necessary.

I also give permission for any photo or video taken of my child to be used by OSLC and/or other sponsoring organizations for promotional purposes (such as in newspapers, brochures or on electronic media) and/or historical records.

Parent or Guardian's Signature (cannot attend unless this is signed)

Date