

**ST. MATTHEW'S LUTHERAN CHURCH 2022
VACATION BIBLE SCHOOL**

**Join us for a FOOD TRUCK PARTY!
Get on a Roll with God!**

“Give us this day our daily bread.” - Matthew 6:11

We will meet July 19, 20 & 21 (Tues., Wed., Thurs.) 9:00 a.m. - Noon

Children who are 3 (toilet trained) through 5th grade

Vacation Bible School children and their families are also invited to a dinner on
Wednesday, July 20th

Please register by July 11th to reserve your space! (Return in the church offering or to the church office.)

Child's Name: _____ **Age/Grade Completed:** _____

Parent/Family/Guardian Name: _____

Address: _____

City, Zip code: _____

Phone Number: _____ **Cell number:** _____

Please send a light snack each day for your child. Water will be provided during snack time.

Please enclose \$15.00 for each child attending or \$20.00 per family.

Please complete a registration form for each child attending.

Need more information? Contact Gretchen Wilcox at gretchenwilcox@verizon.net.

For Parents, I am willing to help with:

Bible Storyteller _____

Helping Play Games _____

Helping with crafts _____

Helping with Science Activities _____

Decorations _____

Wherever you need help _____

PLEASE COMPLETE THE EMERGENCY CONTACT AND MEDICAL RELEASE
INFORMATION ON THE BACK OF THIS FORM

EMERGENCY CONTACT AND MEDICAL RELEASE INFORMATION

Emergency Contacts: (name and day time phone number)

Mother _____ phone _____

Father _____ phone _____

Other _____ phone _____
(Please give relationship to child)

Name(s) of person(s) who may pick up this child from VBS _____

Health Information of possible concern (allergies, dietary, EpiPen, etc.)

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 staff or volunteers of Vacation Bible School to the above named child in the event of an accident, injury, sickness, etc.

I assume the responsibility for payment of such treatment.

(Parent Signature)

(Date)

Physician: _____

Phone number: _____

Insurance Company: _____

Policy Number: _____

Photo Release: St. Matthew's Lutheran Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to be by reason of such use.

Name of Parent/Guardian: _____ Date: _____