

**Vacation
Bible School 2010**
at
Calvary Lutheran Church

August 2-6, 2010
9:00 a.m.—12:15 p.m.

Celebration Finale on August 6 7:00—8:30 p.m.
Culmination of study
with children sharing as a whole group
Social with Refreshments



General Information

- For children entering Kindergarten to those entering Grade 5
- Suggested donation: \$20 (Family \$30)
- Snacks will be provided.
- Youth (Grades 6-12) and adult helpers needed.
- Please return the attached registration form, donation, and medical release form to the church office. Kids, if you attended VBS in 2008 or 2009, please bring the New Testament you received with you when you come to VBS.

2415 S. 320th Street, Federal Way, WA
(253) 839-0344, FAX: (253) 839-0345
office@calvary-elca.org
Website: www.calvary-elca.org
You may keep this first page.

Please return pages 2-3 to Calvary's church office. Keep this page.

Calvary Lutheran Church
2415 S. 320th st.
Federal Way, WA 98003

FAX: (253) 839-0345

Yes, I'm coming!

(Registration form)



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Return this form to the church office
(Emergency Information on Back)

(Please complete one form for each participant)

Calvary Lutheran Church
2415 S. 320th St.
Federal Way, WA 98003
FAX: (253) 839-0345

Suggested donation: \$20
(Family \$30)

Name of VBS participant: _____

Age: _____ Date of Birth: _____

Grade as of Sept. 2010 (*circle one*) K 1 2 3 4 5

Siblings attending: _____

Parent/Guardian: _____

Address: _____

City & Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Where can you be reached while VBS is in session? _____

Name of person transporting child to VBS if different from parents:

Name: _____ Phone: _____

Are you a member of Calvary: Yes No

If you are not a member, how did you hear about our VBS: _____

Home Congregation: _____

I *give* or *deny* (*circle one*) permission for my child's picture, if taken during VBS, to be used in future promotional material.

Parent or Guardian sign here: _____

Please complete back side, too.

Consent for Emergency Treatment and Medical Information

I understand that in the event of an emergency or if any medical or surgical care becomes necessary for (*student's name*) _____ while attending Vacation Bible School August 2-6, 2010 every attempt will be made to contact the parent or legal guardian. If I am not available, I grant those in charge of the event authorization to secure medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency. We release and discharge the Evangelical Lutheran Church in America and/or its representative, Calvary Lutheran Church, involved in this event from any liability whatsoever in exercising this permission.

In case of an emergency and I the parent/legal guardian cannot be reached, please contact:

Physician's Name: _____ Phone: _____
Insurance Company: _____ Policy Number: _____
Date of last tetanus shot: _____ Hospital Preference _____
Allergies (including drug allergies): _____

Allergy treatment plan: _____
Current medication with dosage and instructions for use and other pertinent medical information:

Are all immunizations current? [] yes [] no Date of last tetanus shot _____

Signature of parent/guardian: _____

We want to serve the needs of your child to the best of our abilities. If your child has any special needs that you would like us to be aware of to make your son/daughter's VBS experience an enjoyable one, please contact the church office at (253) 839-0344.