

**\*\*NEW TIMES\*\* Vacation Bible School 2021 -- July 26-28**

Held at Lutheran Church of the Good Shepherd, 1120 Cedar St. Eau Claire

**\$5.00/Child with a \$20.00 Family cap**

Monday-Wednesday, 9 to 11:30am

**THEME DAYS: Monday- Hat Day, Tuesday- Hawaiian Day, Wednesday- Red, White, and Blue**

Students who completed 4K-5<sup>th</sup> grade during the 2020-2021 school year are invited to join friends from Hope, Spirit, and Good Shepherd for VBS!

We will sing, play games, share Bible stories, and make crafts.

Feel free to invite FRIENDS to share in the fun!

**\*Please have your child bring a reusable water bottle each day!**

**A snack will be provided each day!**

**\*\*Please complete this form and return to your church office before July 20<sup>th</sup>**

Child's Name \_\_\_\_\_

Grade completed \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade completed \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade completed \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade completed \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian's Names \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone Number to be reached during VBS \_\_\_\_\_

**\*\*PLEASE COMPLETE THE REVERSE SIDE\*\***

## Permission and Medical Authorization

\_\_\_\_\_ has my permission to take part in the VBS program on July 26-28 at Lutheran Church of the Good Shepherd, in partnership with Spirit Lutheran and Hope Lutheran. I hereby authorize any recognized adult leader of the program to give medical treatment after consulting a medical doctor and making every attempt to contact me as soon as possible. I retain the responsibility for any and all bodily injury, loss, damage or personal property while en-route to, from, and during VBS. I waive any claim against the church and/or its personnel for any lost articles; for any injury to my minor child; and/or injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

By signing below, I give permission for photographs/video including my child to be used in the promotion of the churches. I also understand the churches do not allow the use of any electronic devices, except cameras, and I certify that I have ensured my child's compliance with this policy.

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

Please list any medications, food allergies, other allergies, or any other important medical/educational information here:

Doctor's name/Hospital affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**If any person besides the child's parents will be dropping off or picking up child, please provide that person's name and phone number below:**

Name \_\_\_\_\_ Phone \_\_\_\_\_