

Vacation Bible School

Monday-Friday, July 9-13, 2018

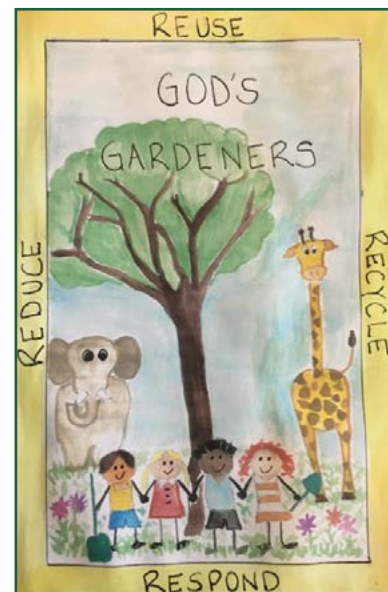
9:00 am - 12:00 noon daily

Location: **Saint Andrew's Lutheran Church**
2650 148th Avenue SE
Bellevue, WA 98007
425-746-2529

PROGRAMS for 4-year-olds through entering 7th grade:

- **4-year-olds:** Birth date between 9/1/2013 and 8/31/2014 (for VBS 2018)
- **Students entering 5th, 6th, and 7th grade** will be involved in VBS Camp and will be leaving Saint Andrew's to various places in the area (transportation provided).

Complete and return a Camp Release Form for these students (on page 5 of this registration.)



COSTS

4-year-olds through 4th Grade

Before July 1

\$15

After July 1

\$20

Camp (5th-7th Grade)

\$25

\$35

Family maximum

\$35

\$45

Financial assistance available upon request.

Co-hosted by:



Our Savior Lutheran Church



Enter family and student information.

Print the form, sign on page 4, and return it to Saint Andrew's with cash or check payment.

FAMILY INFORMATION

Mother/Legal Guardian 1

Father/Legal Guardian 2

First and Last Name

Home Phone

Work Phone

Cell Phone

Email

Address

City

Zip

People who have my permission to pick up my child/children from Vacation Bible School

continue to next page

FAMILY EMERGENCY INFORMATION

Emergency Contact 1

Name

Phone

Phone

Emergency Contact 2

Physician

Name

Phone

Preferred Hospital

Insurance Carrier

Company Name

Policy/Group #

MEDICAL RELEASE: *In the event of an emergency where medical treatment is necessary, I give permission to the church sponsors to seek appropriate medical treatment for ANY CHILD NAMED BELOW, after every reasonable effort has been made to contact the parent(s)/legal guardian(s) and emergency contact person(s) identified.*

STUDENT INFORMATION

Complete the information below for each child in your family.

STUDENT 1

First and Last Name

Birth Date

Grade in Fall 2018

Known Allergies: Food

Medicines

If pre-school age, identify group experiences

If the student attends Sunday School, please state where

Friends of the student who are attending VBS and are in the same grade

PHOTO RELEASE: *I give permission for individual or group photographs, video footage, or sound recordings of the CHILD NAMED ABOVE to be used, free of compensation, by Saint Andrew's Lutheran Church, Our Savior Lutheran Church, Shepherd of the Hills Lutheran Church, the Northwest Washington Synod, and the Evangelical Lutheran Church in America for historical and/or promotional purposes and in publications, including, but not limited to, newsletters, emails, websites, blog pages, bulletin boards, other church and/or Lutheran publications, and on social networking sites (such as Facebook, Instagram, etc.)*

Photo Permission Given

Photo Permission Denied

*continue to next page to enter additional students
print form and sign on page 4
for students in grades 5-7, also complete and sign page 5*

STUDENT INFORMATION (continued)

STUDENT 2

First and Last Name

Birth Date

Grade in Fall 2018

Known Allergies: Food

Medicines

If pre-school age, identify group experiences

If the student attends Sunday School, please state where

Friends of the student who are attending VBS and are in the same grade

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Photo Permission Given

Photo Permission Denied

STUDENT 3

First and Last Name

Birth Date

Grade in Fall 2018

Known Allergies: Food

Medicines

If pre-school age, identify group experiences

If the student attends Sunday School, please state where

Friends of the student who are attending VBS and are in the same grade

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Photo Permission Given

Photo Permission Denied

*continue to next page to enter additional students
print form and sign on page 4
for students in grades 5-7, also complete and sign page 5*

STUDENT INFORMATION (continued)

STUDENT 4

First and Last Name _____

Birth Date _____

Grade in Fall 2018 _____

Known Allergies: Food _____

Medicines _____

If pre-school age, identify group experiences _____

If the student attends Sunday School, please state where _____

Friends of the student who are attending VBS and are in the same grade _____

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Photo Permission Given _____

Photo Permission Denied _____

STUDENT 5

First and Last Name _____

Birth Date _____

Grade in Fall 2018 _____

Known Allergies: Food _____

Medicines _____

If pre-school age, identify group experiences _____

If the student attends Sunday School, please state where _____

Friends of the student who are attending VBS and are in the same grade _____

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Photo Permission Given _____

Photo Permission Denied _____

SIGNATURE:

Signature _____

Date _____

Name (Print) _____

for students in grades 5-7, also complete and sign page 5

STUDENT RELEASE FOR 5TH - 7TH GRADE VACATION BIBLE SCHOOL CAMPERS

Note: Please complete this form if your child is attending CAMP (5th – 7th Grade)

STUDENTS IN GRADES 5-7

First and Last Name

First and Last Name

First and Last Name

First and Last Name

First and Last Name

STUDENT RELEASE for VBS CAMP: *I give permission for ALL CHILDREN NAMED ABOVE who are in grades 5, 6, and 7 to participate in Vacation Bible School, hosted by Saint Andrew's Lutheran Church and Our Savior Lutheran Church, and all field trips associated with this event on July 9-13, 2018 from 9:00 am to 12:00 noon Monday through Friday. I understand that my child will be transported by van for such trips and will be driven by a volunteer from the Vacation Bible School program.*

As parent or legal guardian, in the event of an emergency where medical treatment is necessary, I give my permission to the adults in charge to seek appropriate medical treatment after every reasonable effort has been made to contact the person identified in this registration form. In the event it becomes necessary for a staff member of Vacation Bible School to obtain emergency care for my child, I understand that neither they nor the churches assume financial liability for expenses incurred due to an accident, injury, illness and/or unforeseen circumstances.

SIGNATURE:

Signature _____ **Date** _____

Name (Print) _____