



# Peace Lutheran Church Vacation Bible School Registration Form

Ages 4 year olds – 5<sup>th</sup> grade

Monday, March 11 – Friday, March 15, 2019

9:00 am – 1:00 pm

**6<sup>th</sup> – 12<sup>th</sup> graders are invited to come and volunteer**

At High Seas Expedition, kids explore the mighty love of God on a journey that will change them forever! High Seas Expedition is filled with incredible Bible-learning. Kids see, hear, touch, and even taste! Bible Point crafts, team-building games, cool Bible songs, tasty treats and hands-on mission projects are just a few of the High Seas Expedition activities that help faith flow into real life. Plus, we'll help kids discover how to see evidence of God in everyday life - something we call God Sightings. Get ready to hear *that* phrase a lot!

Parents, grandparents and friends are invited to join us each day at 12:45 p.m., because that's when we'll be having *The Floating Finale* - a daily celebration of God's love you won't want to miss.

**The cost is \$5.00 per child, per day  
Children will need to bring their own lunch  
*There is no charge for volunteers***

Child's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Health concerns or allergies: \_\_\_\_\_

Circle days attending:    M    T    W    TH    F

Child's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Health concerns or allergies: \_\_\_\_\_

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Child's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Health concerns or allergies: \_\_\_\_\_

Circle days attending:    M    T    W    TH    F

Parent Name \_\_\_\_\_ Main Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name \_\_\_\_\_ Main Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact other than parents: \_\_\_\_\_

Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dismissal Information**

Name of persons who can pick up this child

\_\_\_\_\_

I do NOT want pictures or videos of my children displayed

**Volunteers are needed to help. Once child can attend free for each day you volunteer.**

Volunteer Name: \_\_\_\_\_

Circle days that you can volunteer:      M      T      W      TH      F

If the parent/guardian and the emergency contact cannot be reached, I give the staff and volunteers of Peace Lutheran Church my permission to take whatever actions deemed necessary to ensure the safety of my children.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Extended Child Care**

Extended Child Care will be offered from 6:00am – 9:00am and 1:00pm – 6:00pm

Cost: \$3.00 per hour, per child

Deposit: \$25 per child is due Friday, March 8, 2019

Final payment due Friday, March 15, 2019



Name of Children attending: \_\_\_\_\_

Circle days attending:      M      T      W      TH      F

Hours attending: \_\_\_\_\_

# Release of Claims Form

## Vacation Bible School

March 11-15, 2019

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD(ren) NAME(s): \_\_\_\_\_

I hereby affirm that my child shall be participating in the above named activity and certify that I am cognizant of the inherent dangers associated with participation in the activity and with the fact that participating in the activity may take place outside of, or off of, church premises.

I understand and agree that neither Peace Lutheran Church, not its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the activity which may result in injury.

As a part of the consideration for being allowed to enroll and participate in the activity, I hereby personally assume all risks in connection with my child's participation in the activity.

I also authorize Peace Lutheran Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual; and that I signed this document of my own free will. I further state and acknowledge that I have fully informed myself of the contents of this release of claims form by reading it before I have signed it.

I have executed this affirmation and release on the \_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_