

# 2016 Vacation Bible School

**9:00 am to Noon  
July 25th -29th**



**Sunday, July 31st  
Fun Fest &  
Barbeque!  
VBS Kid's Sing  
during worship-  
Fun Fest follows**

Presented by:  
Family of Christ Lutheran Church  
3500 NW 129th Street, Vancouver, WA 98685

**For Children Ages 4 to entering 4th Grade**

Registration Deadline: July 17th  
Register early as space is limited.  
For organization and safety purposes, we cannot accept "day of" registration.

Cost \$20 per child (Limited scholarships available) Please write checks to "Family of Christ"

Registrations may be turned into the FOC church office, mailed to FOC, enclosed in an envelope and dropped in the offering on Sunday, or scanned and emailed to: [VBS@foclutheranchurch.org](mailto:VBS@foclutheranchurch.org)  
Questions? Contact FOC at 573-5031, or [VBS@foclutheranchurch.org](mailto:VBS@foclutheranchurch.org)

**Registration Form Must Be Completed and Returned To Family of Christ Lutheran Church. Please Print.**

Parent (s) Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Home Church \_\_\_\_\_ City \_\_\_\_\_  
Email Address \_\_\_\_\_

There are \_\_\_\_\_ people in our household, over the age of 13, who would like to help with VBS.

**Approved Driver Information:**

Name of person (s) picking up child \_\_\_\_\_  
Phone # of Approved Driver \_\_\_\_\_ Alt. # \_\_\_\_\_  
Relationship to Parent and Child \_\_\_\_\_ Days to be picked up: M T W T F

I hereby give informed and expressed consent for my child to take part in all Vacation Bible School (VBS) activities under supervision, and agree that the VBS or VBS personnel will not be held responsible for accidents arising therefrom. I authorize the VBS Health Care Provider and/or designated VBS staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while my child is at VBS.

My signature on this form verifies that everything is complete and accurate, **front and back**, to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please turn over and complete the back side of this form**

Child Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ M / F

**Emergency Information - In Case of Emergency please Notify:**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

List any physical restrictions \_\_\_\_\_

Health History: Please Check all that apply

- |  |                                   |                                    |  |
|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Frequent Soar throats   | <input type="checkbox"/> Seizures | <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart disease       |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Back pain or strain |

Does your Child have any special needs? \_\_\_\_\_

Date of last Physical exam \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Family Medical Insurance  Yes  No Carrier / Policy/ Group #: \_\_\_\_\_

**Allergies\***

My Child has allergies to: (please circle) food / medication / Environmental (animal, plant, insect, etc.) / other

Describe Allergen \_\_\_\_\_

Type of Reaction: Mild / Moderate (rash, swelling) / Severe (difficulty breathing)

Details \_\_\_\_\_

**\*NOTE: If your child has any type of food allergies, we ask that you please provide & clearly mark your child's snacks for each day of VBS.**

2nd Child Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ M / F

**Emergency Information - In Case of Emergency please Notify:**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

List any physical restrictions \_\_\_\_\_

Health History: Please Check all that apply

- |  |                                   |                                    |  |
|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Frequent Soar throats   | <input type="checkbox"/> Seizures | <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart disease       |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Back pain or strain |

Does your Child have any special needs? \_\_\_\_\_

Date of last Physical exam \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Family Medical Insurance  Yes  No Carrier / Policy/ Group #: \_\_\_\_\_

**Allergies\***

My Child has allergies to: (please circle) food / medication / Environmental (animal, plant, insect, etc.) / other

Describe Allergen \_\_\_\_\_

Type of Reaction: Mild / Moderate (rash, swelling) / Severe (difficulty breathing)

Details \_\_\_\_\_

**\*NOTE: If your child has any type of food allergies, we ask that you please provide & clearly mark your child's snacks for each day of VBS.**