

VBS Registration Form (please fill out one per child)



Circle One: Session A 9:00 am ~ 12:00 noon

 Session B 6:00 pm ~ 8:00 pm

Child's Name _____

Child's Age: _____ Date of birth: _____ Last grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ cell phone: _____

Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

June 26 – 30
Registration Deadline
June 22nd

Fee: \$20.00 per child (Includes T-shirt) \$ _____

T Shirt size (circle one) = XS - YS - YM - YL - AS - AM

Optional Music CD _____ x \$6.00= \$ _____

Optional Sharing God's Mighty Word Mission Project Donation \$ _____

Checks payable to "Prince of Peace Lutheran Church" Total Check Enclosed: \$ _____

Parents, we ask that you please sign up for one or more days as a Crew Leader or Station Helper Volunteer position.

Parent Volunteer Name: _____ Phone: _____

Crew Leader Volunteer

Crew Leader guides a small group of children to each activity station, assists them with the activity, & supervises the children.

(Please provide a 1st and 2nd choice for day(s) to volunteer)

Grade Preferred (circle): PS K 1 2 3 4/5

Day(s) (circle): MON TUES WED THUR FRI

Station Helper Volunteer

Station Helper assists the Station Leader as needed and does not rotate with a group of children.

Station (circle) Crafts Snacks Games Music

Day(s) (circle): MON TUES WED THUR FRI

Return to the VBS Mailbox or mail to the church: 932 McHenry Ave. Crystal lake, IL .60014

****Please note that all children MUST be at least 4 years old by June 26 AND potty trained in order to register**

Liability Release: I voluntarily indemnify and hold harmless the Church, Board, Employees and Volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses of any natures (including attorney's fees) whatsoever arising out of my child(ren)'s participation in Vacation Bible School at Prince of Peace Lutheran Church in Crystal Lake, IL from 6/26/17-6/30/17, and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the church, while acting in the scope of their employment or duties of the church.

Parent/Guardian signature: _____ Date: _____

Medical Release: As a parent and/or guardian, I authorize the treatment by a qualified medical doctor of the following minor(s) in the event of a medical emergency while attending the June 26-30, 2017 VBS program at Prince of Peace Lutheran Church.

Parent/Guardian signature: _____ Date: _____

Photo Release: By registering for VBS, you grant permission for Prince of Peace Lutheran Church to photograph your child(ren) while they are attending the June 26-30, 2017 VBS program, to possibly be used for publication in the church bulletin, the church website, on bulletin boards and/or for slide presentations. No names will be posted.