

Registration Deadline: July 1, 2019



Calvary Lutheran Church

1301 S. Ridge Road • Green Bay

Vacation Bible School 2019

(optional full or half day)

August 12-16 8:00 a.m. - 4:30 p.m.
or 8:00 a.m. - 12 noon
For students 4K-6th Grades

Pack your own lunch. Morning & afternoon snacks provided.

AFTERNOON ACTIVITIES PLANNED!

Scholarships available. Please contact Katy (494-2431 or Katy@calvarygb.com).

Parent(s)/Guardian Name(s): _____

Address: _____ (city) _____ (state) _____ (zip) _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Relation. to child: _____ Phone: _____

\$25 half-days, \$50 max/family

\$50 full-days, \$75 maximum/family

Please make checks payable to: Calvary Lutheran Church (add "VBS" to the memo)

1. Child's Name _____ 1/2 day full day

Birth date _____ Circle one: 4 years-old 6 years-old 7 years-old 8 years-old
9 years-old 10 years-old 11 years-old 12 years-old

Allergies or Other Concerns? _____

T-Shirt Size (youth size) _____

Yes No My child needs to wear a swim vest for swimming. (If yes, please supply vest.)

Yes No My child needs a booster seat for the bus. (If yes, please supply booster seat.)

2. Child's Name _____ 1/2 day full day

Birth date _____ Circle one: 4 years-old 6 years-old 7 years-old 8 years-old
9 years-old 10 years-old 11 years-old 12 years-old

Allergies or Other Concerns? _____

T-Shirt Size (youth size) _____

Yes No My child needs to wear a swim vest for swimming. (If yes, please supply vest.)

Yes No My child needs a booster seat for the bus. (If yes, please supply booster seat.)

As legal guardian, I hereby give permission for my child to participate in all church related activities sponsored by Calvary Lutheran Church of Green Bay. I agree to indemnify Calvary Lutheran Church, Youth Ministers, Volunteers, and the Synod for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment.

I give Calvary Lutheran Church the right to use photos of my child for publicity purposes.

Many hands make light work. If you can help us out that would be great! Please check if you would be willing to help out.

Parent/Guardian Name (please print) _____ Signature _____