

VBS 2014: Agency D3
Discover. Decide. Defend.

Dates: July 14-17 (Mon-Thurs)

Time: 6-8:30p / **Cost:** VBS is free!

Location: Immanuel United Church of Christ (105 S. 7th St)

Ages: Preschool-[finished] 6th grade

* Youth who've finished 5th or 6th gr will have the option to participate in special separate activities, including outings. *

** Middle and high youth are encouraged to volunteer. **

Participating Churches: St. John's Lutheran,
Immanuel United Church of Christ, and Grace United Methodist

Name: _____ Church: _____

Grade Completed: _____ Age: _____

Address: _____

Parent/Guardian's Name(s): _____

Home #: _____ Cell #: _____

Email: _____

Emergency contact and relationship to child: _____

Emergency contact phone #: _____

The following person(s) is/are permitted to pick up my child from VBS:

1. _____

2. _____

DO NOT release my child to the following person(s):

1. _____

2. _____

Allergies/Medical Concerns: _____

Release: I hereby give permission for my child, previously named, to participate in all VBS activities, unless I note otherwise. I also consent to the use of any photograph or video recording of my child. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to the physician selected by the VBS leaders to secure proper treatment for my child as named above.

Parent/Guardian Signature: _____ Date: _____