

# VACATION BIBLE SCHOOL

Preschool – 5th grade

## WHO IS *my neighbor?*



**DATES:** June 10-13th, 2019 (Monday-Thursday)

**TIME:** 9:00 - 11:30 AM

**LOCATION:** St. John's Lutheran Church, 235 S. Green St., Somonauk

Pastor Chris Schoon

**CHURCH OFFICE:** 815-498-3667

**\*FAX:** 815-498-2297

**\*EMAIL:** [office@elcastjohns.com](mailto:office@elcastjohns.com)

**CONTACT:** Robin Raupp 815-751-6918/Wendy Merkel 815-970-0633 with questions/offers to help

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Completed Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Food Allergies (circle one): YES NO List: \_\_\_\_\_

Medical Concerns (circle one): YES NO Explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Siblings attending VBS (names & ages): \_\_\_\_\_

Church Affiliation (optional): \_\_\_\_\_

Church Membership at (optional): \_\_\_\_\_

People with permission to pick up your child: \_\_\_\_\_

I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program (circle one): YES NO

I give permission for my child to participate in a walking field trip in the neighborhood of St. John's (circle one): YES NO

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(date)

~ FRIENDS, NEIGHBORS & WALK-INS WELCOME ~

**Please return this completed form to the church office or place in the box provided on the table in the Welcome Center by May 26, 2019.** \*Completed forms may also be faxed (815-498-2297) or emailed ([office@elcastjohns.com](mailto:office@elcastjohns.com)) to the church office.