

# St. John's Lutheran Church Vacation Bible School August 3 -7, 2009

Love to  
**SERVE**



*The Luther Park counselors are back!  
Please join us for fun, fellowship, and faith-nurturing messages.*

**When:** August 3 – 7, 2009

**Kindergarten to 5<sup>th</sup> Grade** *(Grade completed this school yr.)*

Monday – Thursday 9:00 am to 2:30 pm

Friday 9:00 am to 12:00 pm

**Preschool** *(Age 4 by September 1, 2009)*

Monday – Thursday 9:00 am to 12:00 pm

**Where:** St. John's Lutheran Church, 1804 Highland Ave, Eau Claire

**Cost:** \$25.00 / child  
\$50.00 / family (maximum)

**Why:** It is an opportunity to help our families and congregation fulfill our baptismal promise to nurture our faith.

**What should I bring?** Grades K-5 should bring a sack lunch. Morning snack and beverages will be provided for all campers.

**How may I help?** We will need the following helpers: Jr. Counselors, Preschool Help, Preschool Teachers, Snack Help, Registration, Nursery, Hosts for counselors, Meals for counselors, Games during lunch break – grade school and middle school  
**See the volunteer sign up sheet outside the Education Director's office.**

**How do I register?** Complete the front and back of the attached form (registration, health history, photo consent) and return it to St. John's. **Youth volunteers need to complete the form as well.**

*For more information about Luther Park go to <http://www.lutherpark.org/>*

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Child's Name First Name	Last Name	Age*	Date of Birth	Grade Completed	Any Special Concerns ie Allergies or medication
1					
2					
3					
4					
5					

\*Must be 4 years old by September 1, 2009

Number of Children Attending: \_\_\_\_\_ X \$25 = \$\_\_\_\_\_

**Total \$\_\_\_\_\_ (\$50 max./family)**

\*Please contact Chris in the office at 834-9571, if your family would benefit from a V.B.S. camper scholarship on a confidential basis.

Office Use:	Amt. Due _____
Paid:	Check _____ Cash _____

**PLEASE SIGN AND RETURN THE MEDICAL AND PHOTO AUTHORIZATION BELOW**

My children, listed above have permission to take part in VBS Day Camp August 3 - 7, 2009 led by Luther Park Bible Camp in my congregation.

In the event that I cannot be reached in an emergency, I give the camp personnel permission to seek medical treatment for my child(ren).

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Physician's Name)

\_\_\_\_\_  
(Insurance Carrier)

During the VBS camp we will be taking photos of the campers involved in many fun activities. Please indicate if you give St. John's permission to use photos of your child for church promotional purposes.

\_\_\_\_\_ I agree to give St. John's permission to use photos of my child.

\_\_\_\_\_ I do not agree to give St. John's permission to use photos of my child.