



# The Jesus Expedition

## Vacation Bible School 2015

Immanuel, St. Luke's & Trinity Lutheran Churches At

St Luke's Lutheran Church: 2011 10<sup>th</sup> St So., Wisc. Rapids

Ages 3 years - 6<sup>th</sup> grade: Evenings from 6- 8:15pm on Aug 2-6

Ages 2- 4 years: Mornings from 9-10:30am on Aug 3-6

**\*\*ALL children must be able to use the toilet independently  
or be in diapers.\*\***



Today's Date: \_\_\_\_\_

### CHILD #1

Name: \_\_\_\_\_ Sex: M or F  
(Last Name) (First Name) (Middle Initial)

Please circle which session attending: Evening Class OR Morning Class

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade for school in fall 2015 \_\_\_\_\_

List any allergies or special needs in detail (include physical & medical conditions that influence child's participation): \_\_\_\_\_

Does your child have a nickname you would like us to call him/her? \_\_\_\_\_

**\*\*Don't forget to fill out the Family and Permission Information on the back\*\***

### CHILD #2

Name: \_\_\_\_\_ Sex: M or F  
(Last Name) (First Name) (Middle Initial)

Please circle which session attending: Evening Class OR Morning Class

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade for school in fall 2015 \_\_\_\_\_

List any allergies or special needs in detail (include physical & medical conditions that influence child's participation): \_\_\_\_\_

Does your child have a nickname you would like us to call him/her? \_\_\_\_\_

**\*\*Don't forget to fill out the Family and Permission Information on the back\*\***

### CHILD #3

Name: \_\_\_\_\_ Sex: M or F  
(Last Name) (First Name) (Middle Initial)

Please circle which session attending: Evening Class OR Morning Class

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade for school in fall 2015 \_\_\_\_\_

List any allergies or special needs in detail (include physical & medical conditions that influence child's participation): \_\_\_\_\_

Does your child have a nickname you would like us to call him/her? \_\_\_\_\_

**\*\*Don't forget to fill out the Family and Permission Information on the back\*\***

## FAMILY INFORMATION

Child(ren)'s Address: \_\_\_\_\_  
(Street)

(City)

(State)

(Zip)

Home Telephone Number: (\_\_\_\_) - \_\_\_\_\_ Home Church: \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_\_  
(Last) (First) (MI)

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

Mother's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_\_  
(Last) (First) (MI)

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

Child(ren) lives with: Both Parents Mom Dad Grandparent(s) Other: \_\_\_\_\_

Emergency Contact during VBS: \_\_\_\_\_ Best phone #: \_\_\_\_\_

We plan to attend the meals from 5 - 6pm before evening VBS on Mon-Thurs. YES NO # of people \_\_\_\_\_

\_\_\_\_ Yes! we/I will be attending with our child(ren). Names: \_\_\_\_\_

\_\_\_\_ Yes! we/I will be attending the adult evening Bible Study. Names: \_\_\_\_\_

\_\_\_\_ We/I will only be able to attend during these days with my child(ren). Names & days: \_\_\_\_\_

\_\_\_\_ No, unfortunately we/I will not be able to attend with our child(ren).

**PERMISSION:** I give my permission for my child(ren) \_\_\_\_\_  
to participate in all aspects of the VBS - Jesus Expedition, August 2-6, 2015. I am aware that I am responsible  
for being available, or for having one of the designated emergency contact people listed available, at all times  
during the program's operation.

**Check one response "do" or "do not":**

I do \_\_\_\_ do not \_\_\_\_ consent to having photographs/videos of my child used for educational and/or  
publicity purposes only such as a closing program power point, as deemed appropriate by VBS staff.

What brought you to Vacation Bible School? \_\_\_\_\_

Thank you for coming! We are praying for you and your family. Please let us know how we can be there for you.

**Signature of Parent / Guardian** \_\_\_\_\_