



# Vacation Bible School 2015

For children age 3 years & potty trained – 5<sup>th</sup> grade

Dates: **June 22-26, 2015** Please register by June 14<sup>th</sup>.

Time: 9:00 AM – Noon

Location: Campbell United Methodist Church

Cost: \$30/child & \$15 for each additional sibling.

Need-based scholarships are available.

At Weird Animals VBS your children will be surrounded by God's Word while God's one-of-a-kind love will gain new meaning and relevance to their everyday lives. They will have an amazing time trying out new games, songs, crafts, hearing awesome Bible stories, and more!

Questions? Contact Kallie Stroh at [kalliestroh@campbellunited.org](mailto:kalliestroh@campbellunited.org) or Michelle Kim at [meeshelkim@gmail.com](mailto:meeshelkim@gmail.com) or (408)-378-3472.

## Parents/Guardians

Parents/Guardians Names: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent/Guardian Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

Family Email (required): \_\_\_\_\_

This will be our primary communication tool.

### Child 1

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade entering in the fall: \_\_\_\_\_

My child has a special teaching need, diagnosis, allergy, or health restriction. If yes, please describe: \_\_\_\_\_

### Child 2

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade entering in the fall: \_\_\_\_\_

My child has a special teaching need, diagnosis, allergy, or health restriction. If yes, please describe: \_\_\_\_\_

### Child 3

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade entering in the fall: \_\_\_\_\_

My child has a special teaching need, diagnosis, allergy, or health restriction. If yes, please describe: \_\_\_\_\_

## Volunteering

Join the VBS team as a volunteer! You can help in many different ways. Vacation Bible School is rotation style. Both small group leaders and rotation site leaders are needed, as well as volunteers for check-in time and VBS decorating/prep before VBS. A background check will be required for all volunteers. If you would like to volunteer, please indicate your interest below:



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am interested in helping with: \_\_\_\_\_

## Emergency Contacts (please list someone other than parent/guardian)



Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Release

I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Church/New Creation United Methodist Church from June 22-26, 2015.

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release (please print names clearly)

I, \_\_\_\_\_, parent/guardian of

the minor/s



- give permission
- do **not** give permission

for images of my child to appear in church publications, on the church website, in church videos, promotional literature, advertisements and other printed/electronic material.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(For partial permissions, e.g., permission for child to appear in printed material, but not online media, such as website, please specify below and sign.)