**Sponsored By:**
Bay View Lutheran Church
St. Joseph's Catholic Church
Sturgeon Bay Moravian Church
United Methodist Church

**Ecumenical Vacation Bible School**

**Youth of all faiths are welcome!**

# VACATION BIBLE SCHOOL REGISTRATION

**(Registration form also available on our website: www.sbmoravian.org)**

**Date:** Monday, June 16 through Friday, June 20, 2014
**Time:** 9:00 a.m. to Noon
**Place:** Sturgeon Bay Moravian Church, 323 South Fifth Avenue
**Cost:** $15.00 per student. **No charge for Helpers.**
☐ I will require a scholarship for my student.
**Due Date:** Registration Received or Post-Marked by **No Later than Noon on June 6, 2014**

**An offering will be received each day for our community's "Feed My People Program":**

| | | | |
|---|---|---|---|
| **Monday** | **Soup Day** | **Thursday** | **Cereal and Pasta Day** |
| **Tuesday** | **Paper Products Day** | **Friday** | **Soap Day** |
| **Wednesday** | **Peanut Butter Day** | | |

☐ **Pre-School Student (Age 4 by June 1, 2014 thru entering Kindergarten)**
☐ Monday, Wednesday, Friday **-or-**
☐ Tuesday, Thursday, Friday

☐ **Elementary Student - Kindergarten - Grade 5 *(Completed as of June, 2014)*.**

☐ **Helper - 6th Grade *(Completed as of June, 2014)* thru Adult.**
**Specify Any Days Not-Available** _____

**Student's Name:** _____ **Date of Birth:** _____ **Last Grade Completed:** _____
(As of June this year.)

Allergies, medical concerns or special needs: _____

**Parent/Guardian's Name:** _____

**Address:** _____

**Phones: Home** _____ **Cell**_____ **Emergency** _____

**School Attending:** _____ **Email Address:** _____

*All information is used for Vacation Bible School purposes only. No information will be shared for any other purpose.

## This section to be completed for all students and helpers under Age 18

In the event reasonable attempts to contact me at _____ (Phone Number) or _____ (Emergency Contact Person) at _____ (Phone Number) have been unsuccessful, I (we) hereby give my (our) consent to the physician/hospital selected by the Community Vacation Bible School director to treat my (our) child/children noted above and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I (we) will assume the responsibility for all medical bills, if any.

Signature of Parent/Guardian: _____ Date: _____

**There will be no Friday lunch offered this year.**