

Registration for First Lutheran Church  
**Day Camp & VBS 2009**

**FLC**  
**Vacation Bible School**

August 10-13  
 9am – 11:30am  
 @ First Lutheran Church  
 For kids Ages 3-5 who have  
 completed 1 year  
 Journey of Faith  
 Cost: Free

For more info  
 call Laurie at 752-7434 x 24

**FLC**  
**Day Camp**

August 10-13  
 9am – 2:30pm  
 @ First Lutheran Church  
 For kids completing  
 K-5th grade  
 Cost: \$10 per family

Pre-registration is appreciated  
 For more info  
 call Eric at 752-7434 x 19

**FLC**  
**Day Camp Plus**

August 10-13  
 9am – 2:30pm  
 @ First Lutheran Church  
 For kids completing  
 6-7th grade  
 Cost: \$10 per family

**Register by July 20**  
 For more info  
 call Renee at 752-7434 x 16

**Please Print**

**Child #1**  
 First & Last Name: \_\_\_\_\_ Age as of Aug. 1 \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Camps Registering for (please check one):**

\_\_\_ **Vacation Bible School** (Ages 3-5 who have completed 1 year Journey of Faith)

\_\_\_ **FLC Day Camp** (For kids completing K-5th)

\_\_\_ **FLC Day Camp Plus** (For kids completing 6 -7th)

**Medical Info. (allergies, special needs, medicines, etc.)  
 or any comments:**

\_\_\_\_\_

\_\_\_\_\_

<b>Food Allergies</b>	
___ None	<u>Life Threatening</u>
___ Dairy	___ Yes ___ No
___ Grain	___ Yes ___ No
___ Eggs	___ Yes ___ No
___ Peanuts	___ Yes ___ No
___ Other Nuts	___ Yes ___ No

**Child #2**  
 First & Last Name: \_\_\_\_\_ Age as of Aug. 1 \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Camps Registering for (please check one):**

\_\_\_ **Vacation Bible School** (Ages 3-5 who have completed 1 year Journey of Faith)

\_\_\_ **FLC Day Camp** (For kids completing K-5th)

\_\_\_ **FLC Day Camp Plus** (For kids completing 6 -7th)

**Medical Info. (allergies, special needs, medicines, etc.)  
 or any comments:**

\_\_\_\_\_

\_\_\_\_\_

<b>Food Allergies</b>	
___ None	<u>Life Threatening</u>
___ Dairy	___ Yes ___ No
___ Grain	___ Yes ___ No
___ Eggs	___ Yes ___ No
___ Peanuts	___ Yes ___ No
___ Other Nuts	___ Yes ___ No

**Child #3**

First &amp; Last Name: \_\_\_\_\_

Age as of Aug. 1 \_\_\_\_\_

Grade Completed \_\_\_\_\_

**Camps Registering for (please check one):** **Vacation Bible School** (Ages 3-5 who have completed 1 year Journey of Faith) **FLC Day Camp** (For kids completing K-5th) **FLC Day Camp Plus** (For kids completing 6 -7th)**Medical Info. (allergies, special needs, medicines, etc.)  
or any comments:**  
\_\_\_\_\_  
\_\_\_\_\_**Food Allergies**

<input type="checkbox"/> None	<u>Life Threatening</u>
<input type="checkbox"/> Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grain	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Parent and Contact Information:**

Parent(s): \_\_\_\_\_

Home Ph: \_\_\_\_\_

\_\_\_\_\_

Work Ph: \_\_\_\_\_

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

Cell Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church: \_\_\_\_\_

Emergency Contact During Day Camp, DC+ or VBS (other than parent)

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

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

Relationship to child: \_\_\_\_\_

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

1. I understand that my child/children may participate in physical activities such as those held during Game Time or sports practices and competitions. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, First Lutheran Evangelical Church and any persons involved with the Day Camp, DC+, and VBS.
2. In the event of an emergency that requires medical treatment for the above child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Day Camp/DC+/VBS staff or volunteers to secure services of a licensed physician or dentist to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any treatment of my child.
3. I give permission for photo(s)/video of my child to appear among other general photos/video as long as there is no identifying information shown.

I have read and agree to the terms and conditions stated above

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I am willing to help with VBS  I can donate snacks  I can donate supplies for Day Camp/VBS Return this form and any payment due to **First Lutheran Church, 612 N Randall Ave., Janesville, WI 53545**. Checks can be written to FLC. Questions? Please call Renee at 752-7434 x 16.