

Registration for First Lutheran Church
Day Camp & VBS 2017

Vacation Bible School

August 7—10
 9am – 11:30am

@ First Lutheran Church

For preschool aged children
Ages 3, 4, & 5
Cost: Free

For more info
 call Laurie at 752-7434 x 24

Day Camp

August 7—10
 9am – 2:30pm

@ First Lutheran Church
 For kids entering

1st-4th grade

Cost: \$10 per family

Pre-registration is appreciated
 For more info
 call Eric at 608-290-7083

Day Camp Plus

August 7—10
 9am – 2:30pm

@ First Lutheran Church
 For kids entering

5th– 6th grade

Pre-registration is appreciated
 For more info
 call Renee at 608-359-9685
 rengen@flcj.org

Please Print

Child #1

First & Last Name:

Age as of June 1

Grade Entering

Camps Registering for (please check one):

Vacation Bible School (Ages 3-5)

FLC Day Camp (For kids entering 1st-4th grade)

Day Camp Plus (For kids entering 5th-6th grade)

**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

Child #2

First & Last Name:

Age as of June 1

Grade Entering

Camps Registering for (please check one):

Vacation Bible School (Ages 3-5)

FLC Day Camp (For kids entering 1st-4th grade)

Day Camp Plus (For kids entering 5th-6th grade)

**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

Child #3

First & Last Name: _____

Age as of June 1 _____

Grade Entering _____

Camps Registering for (please check one): **Vacation Bible School** (Ages 3-5) **FLC Day Camp** (For kids entering 1st-4th grade) **Day Camp Plus** (For kids entering 5th-6th grade)**Medical Info. (allergies, special needs, medicines, etc.)
or any comments:** _____**Food Allergies**

	<u>Life Threatening</u>	
<input type="checkbox"/> None	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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: _____

E-mail: _____

(used for registration confirmation & updates)

Emergency Contact During Day Camp 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, 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/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.