

VACATION BIBLE SCHOOL // MUSIC CAMP

REGISTRATION FORM – 2022

Age 3 – Entering Grade 5 July 18-22 VBS 9-12 / Music Camp 1-3
Contact Nathan Lively (NathanKLively@gmail.com) for questions.

Fee options:

9am-12noon or 1-3: \$80
9am-1pm or 12noon-3pm with lunch: \$100
9am-3pm (includes lunch): \$140

Parent's Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Children Attending:

Name: _____ Birth date: _____ Gr. Entering: _____

Name: _____ Birth date: _____ Gr. Entering: _____

Name: _____ Birth date: _____ Gr. Entering: _____

Known allergies or other medical concerns: _____

My son/daughter has permission to engage in all activities of St. John's Lutheran Church, except as noted in writing by myself. In the event I cannot be reached in an emergency, I hereby give the staff and/or volunteers permission to secure medical treatment for my son/daughter and make emergency decisions on my behalf. I will assume all costs for medical care received by my son/daughter. I voluntarily waive any claim against St. John's Lutheran Church, staff, or volunteers for any mishap or lost articles, or any and in all causes that may arise in connection with activities affiliated with St. John's Lutheran Church, and consent to the use of photographs or video of my son/daughter in church presentations, publications, social media, or website. The above shall be in effect for activities both at, and apart from, the facilities of St. John's Lutheran Church. This form may be photocopied for use in activities apart from St. John's Lutheran Church and said photocopies shall be considered valid authorization for the issues stated above. In case of emergency:

Contact: _____ Relationship: _____ Cell: _____

Child's Physician: _____ Physician's phone: _____

Signature of Legal Parent/Guardian

Date

Please staple a photocopy of your health insurance card (both sides). Thank you.

Return the Registration Form by July 1st

Make checks payable to: St. John's Lutheran Church (and mail to)
884 Newfield Avenue, Stamford, CT 06905

Call 203-322-0066 for further information or questions.

To provide additional information about your child, please use a separate page and attach.

Please volunteer! Turn page over for information

Volunteer Form

Name: _____

Cell: _____ Email: _____

Yes, I would like to help with VBS and/or Music Camp in the areas I've marked below.
Remember, you don't have to have a child in VBS to help. Help us teach kids about Jesus!

I can help DURING VBS/Music Camp by serving as [circle the day(s) you can help].**

VBS:

_____ Teacher M T W Th F _____ Teacher's Helper M T W Th F

_____ Age 3 Preschool

_____ Age 4 Preschool

_____ Grades 1 or 2

_____ Grades 3 or 4 or 5

_____ Youth Helper M T W Th F (must be entering grade 6 and up)

_____ Craft/Activity Center Helper M T W Th F

_____ Nursery Helper M T W Th F

_____ Music Helper M T W Th F

_____ Lunch Helper M T W Th F (Lunch is 12-12:30)

_____ Recreation/Games Helper M T W Th F

_____ Where I'm Needed M T W Th F

Music Camp:

_____ Youth Helper M T W Th F (must be entering grade 6 and up)

_____ Recreation/Games Helper M T W Th F

_____ Where I'm Needed M T W Th F

_____ I can help lead an instrument exploration (guitar, flute, trumpet, etc.) _____

**Registration fee is discounted 50% for parents who volunteer all five days.

Thank you for your willingness to help! Please place this in the Sunday offering plate or return it to the church with your registration form. If you have questions, email Nathan Lively (NathanKLively@mail.com).