

# Preschool VBS and K-6<sup>th</sup> Gr Badlands Ministries Day Camp

VBS: August 8 – August 11

Mon – Thurs: 9:00 a.m. – 11:00 a.m.

Day Camp: August 7 – August 11

Sunday: 3:00 p.m. – 5:00 p.m.

Mon. – Thurs.: 9:00 a.m. – 3:00 p.m.

Thursday evening: Combined VBS/Day Camp Family Pizza Party 6:00 p.m., Worship 7:00 p.m.

## PARENT INFORMATION:

Head of Household: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work email: \_\_\_\_\_

Gender: M F Member of St. John? Y N

Spouse: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work email: \_\_\_\_\_

Gender: M F Member of St. John? Y N

**List ALL children living in the household** – Please mark the box next to the child's name if he/she is participating in VBS/Day Camp.

Child: \_\_\_\_\_

Gender: M F Grade (Spring 2011): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

Child: \_\_\_\_\_

Gender: M F Grade (Spring 2011): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

Child: \_\_\_\_\_

Gender: M F Grade (Spring 2011): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

Child: \_\_\_\_\_

Gender: M F Grade (Spring 2011): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

Child: \_\_\_\_\_

Gender: M F Grade (Spring 2011): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

Child: \_\_\_\_\_

Gender: M F Grade (Spring 2011): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_

**Emergency contact person in case parent cannot be reached:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

The child(ren) registered on this form have permission to fully participate in Preschool VBS and/or Badlands Ministries Day Camp. I agree that St. John Evangelical Lutheran Church, Badlands Ministries, or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during camp activities and give St. John and Badlands Ministries permission to seek treatment in the case of injury or illness.

I give permission to St. John, Badlands Ministries, and the ELCA to use any photographs of the registered child(ren) for use in publicity materials, including websites.

I understand that I am ultimately responsible for my child(ren)'s behavior at camp and that he/she/they will be expected to sign and live by the camp covenant, which states, **"I will show respect for God, others, and myself."** I know that violation of this covenant can and will result in my child's being removed from the program, without refund.

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

## How you can help...

Please check any of the boxes below if you would like to help with Preschool VBS or Day Camp.

- Help as a leader who accompanies preschool groups to activities
- Help lead a preschool activity
- Provide snack one morning for VBS
- Make lunch for the Badlands Ministries Bible Camp counselors
- Host a Badlands Ministries Bible Camp counselor in your home
- Help lead games or crafts for the K-6<sup>th</sup> grade campers

**For all students, preschool through 6<sup>th</sup> grade:**

On **Thursday, August 11**, all families (including parents, grandparents, siblings, etc.) are invited to a **pizza supper at 6:00 p.m.** in the church basement.

**A closing worship service will follow at 7:00 p.m.** in the sanctuary. Students will be asked to come up to the front at different times during the service to sing.

How many family members do you expect to eat supper?

Children: \_\_\_\_\_

Adults: \_\_\_\_\_

# VBS participants \_\_\_\_\_ X \$15 = \_\_\_\_\_

# Day Campers \_\_\_\_\_ X \$30 = \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**(Family maximum of \$60)**