

St. John's Lutheran Church (ELCA)

"Ever Loving, Caring Always"

Box 234 • 229 S. First St. • Pearl City, IL 61062 • 815/443-2215

Website: stjohnspearlcity.org • E-Mail: prshadmin@gmail.com

Please complete the student registration form for 3 year old (potty trained) to just finished 6th graders and return VBS registrations to St. John's church by May 26th.

**2019 VBS is June 4-8th 8:30 am - 11:30 am
(Tues. - Sat.)**

Drop-off: Please take children age 3 to Kindergarten to their classrooms. Helpers will be available to assist you in finding the classrooms. Children from 1st grade to 6th grade will meet in the Sanctuary.

Non-perishable items will be collected every day for the food pantry.

An offering will be collected each day. Offering will be used to help cover VBS supplies costs.

Pick-up: Pick-up of all ages will be in the sanctuary. Please know that you are more than welcome to listen in during our closing every day from 11:15 to 11:30.

We are excited to share a piece of VBS with you during the closing program! The VBS program will be held on Saturday, June 8th at 6 pm at St. John's Lutheran Church.

We are looking forward to another exciting VBS in 2019!
Vacation Bible School Committee

If you have any questions, please call St. John's at 815-443-2215.

All are welcome to volunteer no matter how many days you are available. Please complete a volunteer form.

Please cut and keep letter for reminder.



St. John's Lutheran Church 2019 VBS Student Registration Form

Registration accepted until the event, but to assure appropriate supplies and t-shirts, please let us know by May 26. T-shirts will be available for purchase this year. Please make checks payable to St. John's Lutheran Church.

T-Shirt Size	Cost	Qty	T-Shirt Size	Cost	Qty
Child Small	\$ 6.00		Adult-Medium	\$ 6.00	
Child Medium	\$ 6.00		Adult-Large	\$ 6.00	
Child Large	\$ 6.00		Adult-X-large	\$ 6.00	
Child X-large	\$ 6.00		Adult-2X-large	\$ 6.00	
Adult-Small	\$ 6.00		Adult-3X-large	\$ 6.00	

Name _____ DOB _____

Grade Completed _____ Allergies/Medical Needs _____

Will enter Kindergarten Fall 2019

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Parent Name _____ Phone _____

Parent Name _____ Phone _____

Address _____

Email _____

Emergency Contact Name _____ Phone _____

I understand that in the event of an emergency or medical care becomes necessary, every attempt will be made to contact someone. If unable, I grant the adult volunteers of St. John's Lutheran Church VBS authorization to secure medical attention. I also give my permission for my child's photo to be used in promotional material by St. John's.

Signature _____ Date _____

Pick Up Information –