

Office Use Only: Paid Unpaid Credit Card _____ Check # _____ Initials: _____ Date received: _____

Shipwrecked Vacation Bible School

Messiah Lutheran Church - Wauconda, Illinois
June 11-15, 2018 from 9a.m. - noon
4-years old by 9/1/18 – Entering 8th Grade



Child's Name: _____ Grade Entering Fall 2018 _____ Date of Birth: _____ M/F
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Email: _____ (Please make clear as all communication is by email)

Cell/work Phone #: _____ Home phone #: _____

Friendship Request: _____

(Please note: To honor your request, both parties must request each other and request received by 5/15/18. If friendship request is in different grade please note. We will make every effort to honor your request, but we can not guarantee it.)

Non - Food allergies we should be aware of: _____
Food Allergies we should be aware of: _____
(Please note: For any food allergies listed you must provide your child's snack each day - no exceptions.)

Parent/Guardian Name _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Home Church Affiliation: _____

Name of Person(s) responsible for picking up this child at the end of each day: _____

In the event of an emergency Messiah has my permission to seek medical attention. I understand that Messiah is not liable for any personal injury, sickness or expense as a result of participation in the program. I also authorize Messiah Lutheran Church to use my child's photo for bulletin boards/website/facebook/print.

Parent/Guardian Name & Signature: _____ **FEE per child: \$50.00, or \$40.00 if you register prior to May 15th** (Checks payable to: Messiah Lutheran Church). Scholarships are available. Enrollment guaranteed for kids registered by June 1st, 2018 Messiah is now accepting credit cards. If you wish to pay with a credit card, bring your form to the church office at the time of payment.

We need over 100 volunteers for this amazing VBS program! Parent Volunteers who sign up for a full week will have their check returned to them at the end of the week. The nursery will be available for volunteer's child(ren). Volunteers need to be entering 7th grade or can be entering 6th grade if volunteering with a parent. Contact the CE office at messiah.ce@messiah-wauconda.org. To volunteer send this form via email/mail or turn in at church in marked bins.

Volunteer Name: _____ Phone #: _____

Are you a teen helper? Yes or No 2018 Grade _____ Email: _____

The week of VBS I would like to: (circle one) Group Leader Center Teacher Assistant

If Group Leader or Assistant, Preferred Grade: _____ T-shirt Size _____ I do need child care (nursery) _____

If you would like to teach, what is your area(s) of interest? (check all that apply)

___Any ___Games ___Bible Story ___Crafts ___Snack ___Preschool ___Nursery

Circle days available: Everyday M T W TH F

Other ways I can help: (circle all that apply) Decorations/Painting Help from home Donations

I am available to set-up _____ Times/days TBD I am available for registration _____ (6/11 7:30 - 10am)

I am available to help set up for the Pizza Party on Friday _____ (6/15 9:30 - 12:00) I am available for Take Down _____ (6/15 12-2pm)