



VACATION BIBLE SCHOOL 2019!!!

Atonement Lutheran Church and School is proud to host VBS for youth entering Pre-K 2 through 6th grade.

Monday, June 10th - Friday, June 14th-9am-12pm

“ROAR-Life is Wild-God is Good”

Name: _____

T-Shirt Size: YXS YS YM YL AS AM AL

Parent/Guardian: _____

Age : _____ Grade Going into: _____ DOB: _____

Address: _____

Emergency Contact Phone #1: _____

Allergies: _____

Email Address: _____

Church Home: _____

****\$20 registration fee per child***

How did you hear about ALS VBS? _____

Waiver Release Form- Atonement Lutheran Church and School

Child's Name- _____

(Child/Children), to attend and participate in Atonement Lutheran Church and School's Vacation Bible School during the period of June 10th-June 14th.

Liability Release: In consideration of Atonement Lutheran allowing the above child(ren) to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Atonement Lutheran, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

Medical Treatment Permission: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/Guardian Signature _____ Date _____

Medical Insurance: __ Yes __ No

Insurance Company: _____ Policy/Group ID#: _____

Allergies/Medical Conditions/Restrictions: _____

Emergency Contact person & phone number in case parent cannot be reached: _____

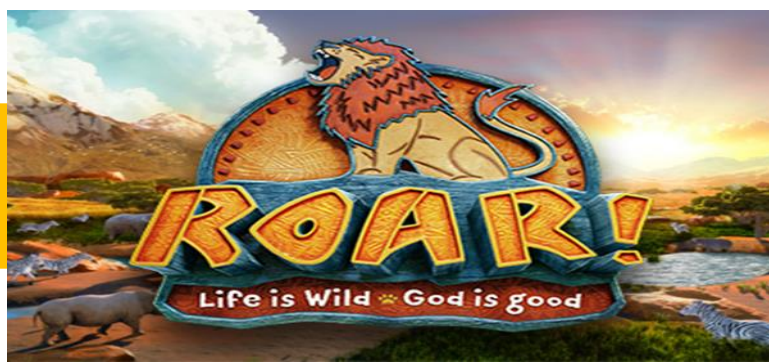
Parent/Guardian Signature: _____

Date: _____

Media Release

I, _____, hereby give permission for the staff and volunteers of Atonement Lutheran to photograph, videotape and/or voice tape my child/children for purposes of in-house church use and/or for public information for promotion of the church (i.e. brochures, websites, newspapers, radio, television).

Parent/Guardian Signature: _____ Date _____



Vacation Bible School After-Care Registration Form

Name: _____

Grade: _____

Days you will need aftercare:

Monday Tuesday Wednesday Thursday Friday

Approximate Pick-Up Time: _____

Pointers On How After-Care will work:

- *Students going to aftercare will be dismissed FIRST after the closing of VBS.
- *Please pack a lunch-they can be brought to the kitchen in the AM to be kept cold.
- *Fun activities/Free time will be planned and scheduled for the afternoon.
- *The cost of after-care is \$15 per day/per child.**
- *Pick up is by 6pm in the GYM.

**If we do not have a minimum of 10 kids,
we will not be able to offer this service-so tell a friend!**

We are also currently accepting applications for young adults/adults
who would like to work in our aftercare ministry

Questions? Please contact Rose Schutt- churchoffice@alcs.org