

**When you're
lonely...**

**When you
worry...**

**When you
struggle...**

**When you
do wrong...**

**When you're
powerless...**

**Jesus
rescues!!!**

Wonder Lake Bible Church
7511 Howe Road
Wonder Lake, IL 60097

WONDER LAKE BIBLE CHURCH

Vacation Bible School



WHEN: July 16 - 20
6:20pm - 8:30pm

WHO: Kids age 3 - 5th grade

REGISTRATION FEE: To help defray expenses, a donation of \$5 per family is suggested and optional.

Wonder Lake Bible Church
815-728-0422
wlbiblechurch.org
vbs@wlbiblechurch.org



Bring your Bible!



Cut along dotted line.

WONDER LAKE BIBLE CHURCH

Shipwrecked VBS

Child's First & Last Name	M or F	Age	Grade Finishing	Allergies/Medical Needs

Parent/Guardian Name: _____

Address: _____ City/State: _____

Primary Phone: _____ Secondary Phone: _____

Primary Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

MEDICAL RELEASE: I, the parent or guardian of the above listed child(ren), grant permission for my child(ren) to participate in Vacation Bible School at Wonder Lake Bible Church and to receive medical treatment, if necessary. If I or the emergency contact cannot be reached, I give my permission for the staff to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well-being. I also release and agree to hold harmless Wonder Lake Bible Church and all of its participants from any liability and assume all risk of injury, damage, or expenses as the result of participation in activities in Vacation Bible School.

PHOTO RELEASE: I understand that as a participant in Wonder Lake Bible Church's VBS my child(ren) may be photographed or videotaped during VBS events. I also understand that these may be used in presentation & promotional materials. I release Wonder Lake Bible Church from any and all liability.

Parent/Guardian Signature: _____ Date: _____