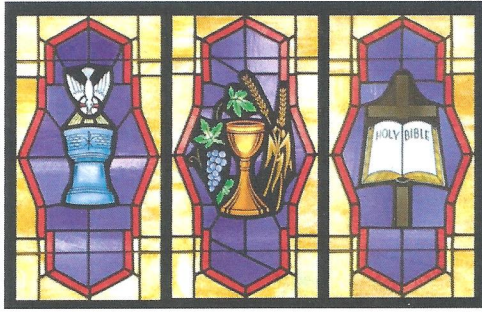


**June 5-9, 2023** 8:30 a.m. - 11:45 a.m.

St. Paul Lutheran Church, Eldora



**Have you heard the news about God's Gifts of Grace? At VBS this year we are going to learn all about these wonderful gifts given to us by God. We will hear about God's Word - the Gospel, Holy Baptism, Absolution, and the Lord's Supper. We can't wait for you to join us as we listen to His Word and sing His**

**praises! Please return your registration soon as class sizes are limited.**

\*\*For the Monday/Tuesday craft we would like the children to bring a hammer to use - please put your name on it so it can be returned.

Children age 3, by June 1st (and potty trained), through those entering grade 5 this fall are invited.

**Please fill out both sides** and return the registration paper to Miss Karen at preschool by May 18th/19th or the church office by Sunday, May 21st or call 858-2464 for more information.

**Parent(s) information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phones:**

Home: \_\_\_\_\_

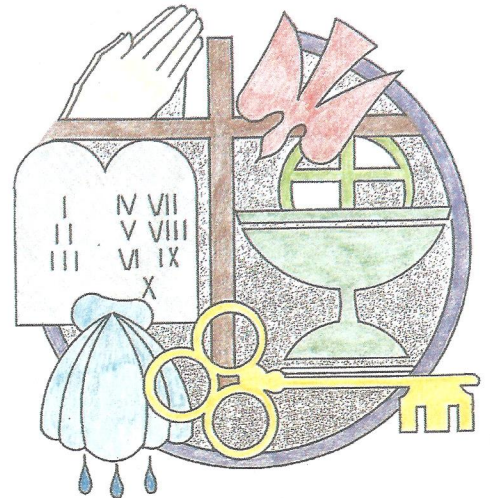
Mom cell: \_\_\_\_\_

Dad cell: \_\_\_\_\_

**Emergency contact** *(if a parent is unavailable):*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



Home church affiliation: \_\_\_\_\_

**please turn over and complete other side ▶**

**Student(s) to be enrolled in VBS:**

Name	Age	Birthdate (mm/dd/yy)	Grade entering <b>this fall</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Does your child(ren) have **any allergies or other medical conditions** that we should be aware of?

If so, please give additional information here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will a sports schedule affect when your child(ren) arrives or leaves? YES NO

If so, what days & how? *(if you know now - otherwise please let us know when VBS begins)*

\_\_\_\_\_

**Would you furnish snacks (One doz cookies/bars)?** YES NO

If so, which day would work best for you? MON TUE WED THUR FRI or ANYDAY

† † † † † † † † † † † † † † † † † †

**Medical release:** I give my permission for the VBS staff to administer basic first aid to my child(ren) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me. **YES NO**

(please circle)

**Photo release:** I hereby grant St. Paul Lutheran Church and the VBS staff permission to copyright and use photographs/videos taken during VBS of the minor(s) designated above in any manner for any lawful purpose/use (crafts, newsletters, church webpages, etc.). I waive my right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. **YES NO**

(please circle)

\_\_\_\_\_

**Parent's/Guardian's signature** **Date**