



Kids' Summer VBS 2017
August 7-11
9:00 to noon

Are you going to be entering K5 through 4th grade in the fall?
Then bring lots of friends and join us for this fun and faith-filled week.

Imagine! Create! Build! Even Break!

We will be making lots of things, but whatever we make: we will make it FUN, we will make it GOOD, and we will make it for GOD!

Early fee: \$55/child before June 15
\$60/child after June 15

Registration forms are available at the kiosks, at the entrance to Sunday school, or at www.foxpointchurch.org.

We are also looking for volunteers. If you can help for a few hours or every day, contact Julie at Julie@foxpointchurch.org.



**Sign me up for Faith Camp VBS!
August 7-11 9:00-noon**

Child's name _____

Grade as of September 2017 _____

Child's t-shirt size: S M L XL

Parent or Guardian name _____

Address _____

Telephone: _____ Alternate contact number: _____

****We always need and our grateful for volunteers to help us—either for a few hours or every morning. If you would like to help in any way, please check here, and we will contact you.**

_____ **Yes, I can volunteer as a daily leader/guide. THANK YOU!**

_____ **Yes, I can serve as a sub for a day or two. THANK YOU!**

Please enclose your registration fee payable to Fox Point Lutheran Church and return to Fox Point Lutheran Church, 7510 N. Santa Monica Blvd, Fox Point, WI, 53217.

Fee:

\$55/child before June 15

\$60/child after June 15

**PLEASE MAKE SURE TO COMPLETE THE MEDICAL/TRANSPORTATION
ON THE REVERSE SIDE.**

**Fox Point Lutheran Church
Summer VBS
Medical/Transportation Release**

Medical Release

In the event that I cannot be reached in an emergency, I give the program's coordinator permission to secure and administer treatment, including hospitalization, for my child, listed below:

Child's name: _____

Family physician: _____ Phone: _____

In an emergency, if parents/guardians are unavailable, please contact

Telephone: _____

Signature of
parent/guardian: _____ Date _____

Child's medication or environmental allergies:

Dietary restrictions:

Physical activity restrictions:

Transportation/Activity Release

During our week of camp, we will be taking a field trip to a local destination. By signing below, you are giving your permission to transport your child by school bus to this destination.

In consideration of the opportunity for my child to participate and fully recognizing that such as undertaking involves an element of risk, we, the parent/guardian, assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless The Evangelical Lutheran Church of America (ELCA) and/or Fox Point Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death as a direct or indirect result of this activity.

Signature of
parent/guardian: _____ Date _____