



**Aug 8th – 11th
9am – Noon**

FREE Vacation Bible School

**Preschool –
5th Grade**

Free!

Vacation Bible School will take place at our church from August 8 - 11, 9am to 12 noon. Check-in and drop-off begin each day at 8:45am in the Sanctuary.

Each day children will enjoy games, crafts, songs, a snack, and an adventurous exploration of God's Promises.

To register, complete and submit the attached form to the address below. Registration closes 6 August, 2011 or when we reach capacity.

Send Registration Forms to:
Shepherd of the Hills Lutheran Church
24850 Issaquah Fall City Road
Issaquah, WA 98029





24850 S.E. Issaquah -Fall City Road, Issaquah, WA 98029 Phone: (425) 391-8431
 www.shephillschurch.org

Vacation Bible School Registration

Child's First and Last Name	M or F	Age	Grade Leaving	Allergies / Medical Needs	Days NOT Able to Attend

Parent / Guardian First and Last Name: _____

Address _____ City _____ Zip _____

Primary Phone # _____ Alternate Phone _____

Parent / Guardian e-mail address _____

Able to Help: (Circle One) Y N Willing to donate a necessary food item? (Circle One) Y N

Child's Home Church _____

How did you hear about our Vacation Bible School _____

Alternate Adults Authorized to Pick Up Child:

First & Last Name: _____

Primary Phone: _____ Alternate Phone _____

First & Last Name: _____

Primary Phone: _____ Alternate Phone _____

Emergency Contact:

First and Last Name _____ Phone _____

Relationship to Child: _____

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

Parent/Guardian Signature _____ Date _____

Photo Release I (We) understand that as a participant in Shepherd of the Hills Lutheran Church Summer Day Camp, my child(ren) may be photographed or videotaped during the events. I also understand that these may be used in presentation & promotional materials. I release Shepherd of the Hills Lutheran Church from any and all liability.

If you do NOT want your child(ren) to be photographed or videotaped during Summer Day Camp, initial here: _____