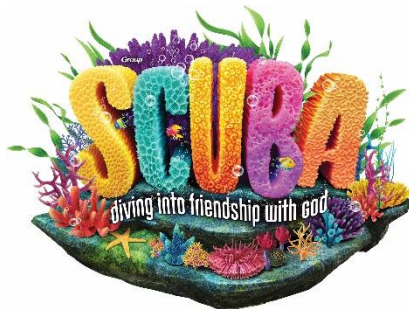


# Shepherd of the Hills Lutheran Church

## Vacation Bible School

June 10- 14, 2024

9 am–12pm



Our theme is Stellar: Shine Jesus' Light!! VBS is open to children aged four through completion of fifth grade. The cost of VBS is **\$30 per child** and includes a daily craft, snack, game, and a set of Bible buddies.

Registrations are first come, first served. We will have a waiting list if we reach our registration limit.

Filling out a registration form for each child will be required to hold your spot on the waiting list.

Scholarships are available to offset the cost for any family who may need assistance.

**Please contact Heather Castaing at 815-385-4030 or hcastaing@shepherdofhills.org for details.**

**REGISTRATION IS NOW OPEN!**

**PLEASE COMPLETE ONE FORM PER CHILD**

Child's First and Last Name \_\_\_\_\_ M / F

Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Amount Enclosed \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Scholarship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian First and Last Name \_\_\_\_\_

→ Member of SOTH → Attend SOTH Summer Camp → SOTH Preschool → Community Member

Current church attending \_\_\_\_\_

Allergies or other medical conditions No \_\_\_ Yes \_\_\_ (If yes, please fill out the health form on back.)

Emergency Contact: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ My child's t-shirt size Child XS (2-4) S (6-8) M (10-12) L (14-16) XL(18-20) Adult size \_\_\_\_\_

Y / N Please send me info on your church

***I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the above-named child. In the event of an emergency, paramedics and parents will be called immediately.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***I give permission for Shepherd of the Hills to use photos of my child taken at VBS for promotional purposes.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I will volunteer to help build décor and/or bring in water!**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Office Use Only

Date Received \_\_\_\_\_ check/cash/online \_\_\_\_\_ → Music Card Given (One Card per family)



# Shepherd of the Hills VBS

## June 10 ~ 14, 2024

### ALLERGY / MEDICAL CONDITION INFORMATION



**PLEASE COMPLETE ONE FORM FOR EACH CHILD**

Child's Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

**Is your child allergic to any food? Yes No**

Allergic to: \_\_\_\_\_

What happens: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Does your child have other allergies? Yes No**

Allergic to: \_\_\_\_\_

What happens: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Does your child have asthma? Yes No**

Specify: \_\_\_\_\_

Treatment: \_\_\_\_\_

Limitations: \_\_\_\_\_

**Does child have a medical condition? Yes No**

Specify: \_\_\_\_\_

Treatment: \_\_\_\_\_

Limitations: \_\_\_\_\_

**Is there medication that will be left at the church? Yes No**

Name of Medication: \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

***Please leave medication labeled with your child's name & instruction in the church office.***

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

Physician Phone Number: \_\_\_\_\_

***I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the above named child. In the event of an emergency, paramedics and parent will be called immediately.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_