

# Shepherd of the Hills Lutheran Church

## Vacation Bible School

June 10 - 14, 2019

**PRESCHOOL**  
**9 - 11:45am**  
Kids 3-5 years  
(must be potty-trained)

**ELEMENTARY**  
**9am - Noon**  
Kids 1st - 5th grade  
as of Fall 2019



The cost of VBS is **\$25 per child** and includes a daily craft, snack, game, supplies and a set of Bible buddies. Any child is welcome to attend, regardless of whether the child's family is a member of Shepherd of the Hills.

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

Please contact **Jenny LaRose at 815-385-4030 ext 112 or [jlrose@shepherdofhills.org](mailto:jlrose@shepherdofhills.org) for details.**

**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  Home Church \_\_\_\_\_  Please send me info on your church

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

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

Friend Request: \_\_\_\_\_

*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 \_\_\_\_\_

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

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

\_\_\_\_\_ I would like to purchase a T-shirt for my child for an additional \$5.00

Please circle correct T-shirt size - Child XS (2-4) S (6-8) M (10-12) L (14-16) XL(18-20)

<b>I can help during the week of VBS!</b>	<b>Y / N</b>	<b>I will bring a snack or craft item!</b>	<b>Y / N</b>
Name _____	Phone # _____	Email _____	
Preschool Crew Leader _____	Elementary Crew Leader _____	Days available	M T W Th F

<b>Office Use Only</b>				
Date Received _____	<input type="checkbox"/>	T-shirt Given	<input type="checkbox"/>	CD Given (One CD per family)
Amount PD. _____	Check # _____	Cash	Scholarship	

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**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: \_\_\_\_\_

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

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

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: \_\_\_\_\_