

First Lutheran Church Children's Ministry Registration

Vacation Bible School

August 5-8,
9am – 11:30am
Ages 3, 4, & 5

Day Camp

August 5-8
9am – 2:30pm
1st-4th grade
Ends at 11:30 on Thursday

Day Camp PLUS

August 5-8
9am – 2:30pm
5th-7th grade
Ends at 11:30 on Thursday



Sunday School at First Lutheran meets Sundays 9:15-10:15am, beginning September 8.

Child #1

First & Last Name: _____ Date of Birth: _____ Grade: _____

Child #1 is Registering for:

Vacation Bible School (Ages 3-5, must be potty trained)

FLC Day Camp (For kids entering 1st-4th grade)

FLC Day PLUS (For kids entering 5th-7th grade)

Sunday School
(begins September 8 for ages 3-5 and grades 1-6)

Medical Info. (allergies, special needs, medicines, etc.) or any comments:

Food Allergies

<input type="checkbox"/> None	<u>Life Threatening</u>
<input type="checkbox"/> Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grain	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food not listed: _____

Child #2

First & Last Name: _____ Date of Birth: _____ Grade: _____

Child #2 is Registering for:

Vacation Bible School (Ages 3-5, must be potty trained)

FLC Day Camp (For kids entering 1st-4th grade)

FLC Day PLUS (For kids entering 5th-7th grade)

Sunday School
(begins September 8 for ages 3-5 and grades 1-6)

Medical Info. (allergies, special needs, medicines, etc.) or any comments:

Food Allergies

<input type="checkbox"/> None	<u>Life Threatening</u>
<input type="checkbox"/> Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grain	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food not listed: _____

Child #3

First & Last Name: _____

Date of Birth _____

Grade _____

Child #3 is Registering for: **Vacation Bible School** (Ages 3-5, must be potty trained) **FLC Day Camp** (For kids entering 1st-4th grade) **FLC Day PLUS** (For kids entering 5th-7th grade) **Sunday School**
(begins September 8 for ages 3-5 and grades 1-6)**Medical Info. (allergies, special needs, medicines, etc.)
or any comments:**

_____**Food Allergies**

_____ None	<u>Life Threatening</u>
_____ Dairy	___ Yes ___ No
_____ Grain	___ Yes ___ No
_____ Eggs	___ Yes ___ No
_____ Peanuts	___ Yes ___ No
_____ Other Nuts	___ Yes ___ No

Food not listed: _____

Parent/Guardian Contact Information:Parent(s)/ _____
Guardian _____

Best Phone: _____

Other Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Secondary or Emergency Contact:

Name: _____

Phone 1: _____

Relationship to child: _____

Phone 2: _____

1. I understand that my child/children may participate in physical activities such as those held during Game Time or sports practices and competitions. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, First Lutheran Evangelical Church and any persons involved with the Day Camp, Day Camp Plus, VBS or Sunday School.
2. In the event of an emergency that requires medical treatment for the above child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the First Lutheran staff or volunteers to secure services of a licensed physician or dentist to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any treatment of my child.
3. I give permission for photo(s)/video of my child to appear among other general photos/video as long as there is no identifying information shown.

I have read and agree to the terms and conditions stated above

Signature of Parent/Guardian: _____ Date: _____

Return this form to **First Lutheran Church, 612 N Randall Ave., Janesville, WI 53545.**
Questions? Contact Renee at 608-359-9685 or rengen@flcj.org