

Ephphatha Lutheran Church of the Deaf

Deaf. Hard of Hearing. & Children of Deaf Adults.

VACATION BIBLE SCHOOL

Tuesday, June 25th to Friday, 28th

10:00 to 2:00 pm



Bible Studies

Sign Language

Arts & Crafts

Games

Breakfast & Lunch provided

Ephphatha Lutheran Church of the Deaf

7956 S. King Drive

Chicago, IL 60619

Open Registration:

June 1st - 24th

Fee: \$15.00

Please contact Shirlene Williams
misssw@sbcglobal.net

VACATION BIBLE SCHOOL

Ephphatha Lutheran Church Registration Form 2013

Registration Fee:

Tuesday, June 25th – Friday, June 28th	
Please Circle	Cost
First Child	\$15.00
Each Additional	\$5.00

**Registration begin June 1st and ends June 24th.*

First Child:

Name _____ Male _____ Female _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Parent/Guardian Cell Phone (____) _____

Parent/Guardian Name(s) _____

Grade Entering in the fall (or current age if not yet in school) _____

Home Church _____ City _____

Second Child:

Name _____ Male _____ Female _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Parent/Guardian Cell Phone (____) _____

Parent/Guardian Name(s) _____

Grade Entering in the fall (or current age if not yet in school) _____

Home Church _____ City _____

I give my child permission to participate in all activities and programs during Atonement Ephphatha Lutheran Church of the Deaf's Vacation Bible School. I agree that Ephphatha Lutheran Church of the Deaf will not be held responsible for accidents or persons injured arising there from. I also realize that my child may be in photographs taken during the Vacation Bible School week. I waive the right to inspect or approve the photo if used for publications or publicity.

Parent/Guardian Signature _____ Date _____

Contact Shirlene Williams at misssw@sbcglobal.net

VACATION BIBLE SCHOOL

VBS 2013 Health History Form

Name _____
Last First Initial

Birthdate: _____ Age _____ Gender _____

Parent or Guardian _____ Phone: (____) _____

Home Address _____

If not available in an emergency, notify _____

Relationship _____

Address _____ Phone: (____) _____

Do you have health insurance? _____

If yes: Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Are there any conditions, diseases or allergies we should be aware of? If yes, please explain:

Is there any other health related information we should know about or activity restrictions we should provide during the week?

Will your child need to take a medication while at VBS? If yes, please provide details:

I, the undersigned, hereby give permission for my son/daughter to participate in Vacation Bible School events and activities. I authorize any adult representative of Ephphatha Lutheran Church who is acting in a leadership role to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that the above named participant should be admitted to any hospital, or be in need of any medical treatment. I take full responsibility for all charges and fees related to treatment. I understand that the care and safety of the participant will be primary in all planned activity and that all attempts will be made to contact parents/guardians prior to treatment if an emergency or accident should happen.

Parent/Guardian signature _____ Date _____