



ADVENT'S SHIPWRECKED VACATION BIBLE SCHOOL REGISTRATION FORM

June 17 – 21, 2019

Advent's VBS will begin at 9am in the sanctuary
and will end at Noon each day.

Castaways must be 3 years of age by Jan. 1, 2019 through
grade 4 (fall 2019 school year).

Shipwrecked registration cost is \$30 per child. Registrations not to exceed \$50 per family.

(Please fill out one registration form per child.)

Name: _____ Age: _____ Birth Date: _____

Grade child will be in Fall 2019: _____

Parent's Names: _____

Home Address: _____

City / State / Zip: _____

Home Phone: _____ Parent's Cell: _____

Home e-mail address: _____

Available to help during VBS? _____

(Let us know if you have one day, a few days, even just a few hours. You can choose to be a station leader, crew leader, before VBS preparation, decorations, etc. We'd love to have you help!)

Would you be willing to help with snacks during the week by
bringing designated food items: **Y/N** or by donating \$5 for snacks: **Y/N**

Does your child have a special friend he/she might like to be placed with?

Friend's name: _____

(Please understand there are no guarantees to placement, but we'll do our best)

Is your child an Advent Member: **Y/N** Advent Preschooler: **Y/N**

Please indicate if you would like a VBS Castaway Sing & Play CD: **Y/N**

Please make sure to fill out Emergency contact information on back of this registration form.

If you have any questions for the Advent Castaway Captain (VBS Director) please contact the church office at 913-681-2074 or mspilker@adventolathe.org.



EMERGENCY CONTACT INFORMATION AND RELEASE

PERSON(S) TO BE CONTACTED:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Home Address: _____
Home Phone: _____ Cell Phone 1: _____
Cell Phone 2: _____

Additional person to be contacted in the event parent(s) or guardian can't be reached:

Name: _____ Phone: _____

Allergies or any other conditions that may limit child's activity: _____

Is there any additional information the Advent staff and volunteers should be aware of while the child named above is participating in VBS?

In case of emergency, I understand every effort will be made to contact me and the authorized persons named above. In the event we cannot be reached, I give my permission to the Advent Lutheran Church staff and guides to provide for the child named above any medical or surgical care. I understand that Advent Lutheran Church does not carry health/accident insurance on its congregation members or guests and I will accept the expense of medical or surgical treatment through personal insurance or personal resources.

I hereby release Advent Lutheran Church, its members, volunteers, and employees, from all liability for any accident, injury or claim arising from the child named above's use of any of its facilities or participation in any of its programs.

Advent Lutheran Church may use, for promotional purposes, photographs taken of the child named in this registration and release. Please indicate if you do not accept the photo release.

Parent Signature: _____ Date: _____