

Vacation Bible School

First Lutheran Church * Messiah Lutheran Church * St. Jude Catholic Church
First Presbyterian Church * Van Orsdel United Methodist

“Jesus Changes Everything”

July 23 – 27, 2018, Monday - Friday

9:00 a.m. to 12:00 Noon

Program for families in Pepin Park on Friday at 12:00 Noon

Each day we gather and begin with Morning Prayer and songs at the St. Jude’s Parish Center at 8:50 a.m.

We will then divide into two large groups based on age; these groups will further divide into rotating groups:

- 4 Year Olds – Kindergarten Group held at St. Jude’s School
- 1st – 6th Grade Group held at First Lutheran, led by Flathead Lutheran Bible Camp Counselors

We gather back at the Parish Center at 11:45 a.m. for closing worship.

Please pick your children up at the Parish Center immediately following closing worship at 12:00 noon. Thank you!

If you are able, please pre-register by returning form to the *First Lutheran Church Office, 303 6th Avenue, Havre, MT 59501 (406) 265-5881* or you can return the form to any of the churches listed above. *Church Office hours are Monday – Thursday, 9:00 a.m. – 2:00 p.m.*

Registration Check-In will be from 8:00 a.m. – 9:00 a.m. on Monday.

There is no cost this year, but Free-Will Offerings will be gladly accepted to offset supply costs. ☺

Please register your child/children for the grade they JUST FINISHED IN SPRING 2018

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Parent/Guardian’s Name _____

Please print your full name(s)

I would like to volunteer (bring snacks, host counselors, help with morning gathering, lead a class, crafts, etc.)

Primary Contact Number _____ Other _____

E-Mail Address _____

Name of person responsible for picking up your child/children, if not Parent:

_____ Phone _____

Please complete and sign the 2018 VBS Medical Information and Authorization to Participate Form on the reverse side, one form per family. Thank you.

VBS Medical Information and Authorization to Participate Form

Please print and complete all information, if non-applicable, print "NA"

Name of Participating Child/Children:

- 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

If parent or guardian is not available, every effort will be made to notify the person you list below in case of an emergency:

_____ Phone _____

Family Physician _____ Phone _____

My child has special needs that may limit his/her full participation and for which special accommodations need to be made:

My child has specific dietary concerns or allergies. I agree to pack a safe and appropriate snack/beverage for his or her each day, labeled with child's name, age, and grade.

I, the undersigned parent or guardian of: _____

Give my consent for my child/children to participate in the Vacation Bible School Program to be held July 23-27, 2018, conducted by First Lutheran Church, Messiah Lutheran Church, St. Jude Catholic Church, First Presbyterian Church, and Van Orsdel United Methodist Church, all of Havre, Montana. I understand that this participation involves activities located at the St. Jude Parish Center, First Lutheran Church and Pepin Park and that my child/children will be under the supervision of adult representatives from the responsible churches and camp counselors employed by Flathead Lutheran Bible Camp. I authorize and direct the staffs and volunteers from the responsible churches to direct and supervise my child/children. I further request and authorize the responsible churches through their staffs and volunteer chaperones, to secure any medical or other emergency service that said staffs and volunteer chaperones, in their reasonable discretion may deem necessary or desirable for my child/children during participation in the Vacation Bible School.

I hereby release and agree to hold harmless First Lutheran Church, Messiah Lutheran Church, St. Jude Catholic Church, First Presbyterian Church, Van Orsdel United Methodist Church, their officers, members, staffs, volunteers and associated organizations together with their heirs, successors, or assigns from any and all action, causes of action, claim, damages, costs, expenses, compensation, personal injury, property loss, or any other loss or injury received or incurred by my/our son/daughter during his/her participation in Vacation Bible School.

In the event I cannot be reached, I give permission to medical personnel to order treatment for my child. I give permission for a qualified physician to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child.

Signature of Parent or Legal Guardian

Date