

# Immanuel Lutheran Church

## July 11-15, 2021



### VACATION BIBLE SCHOOL

Held outside

Sunday through Thursday Evenings

Dinner at 5:30pm

VBS Activities at 6pm

Closing Activity at 8pm

Current CDC guidelines will be followed

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_  
(Completed)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Home Church \_\_\_\_\_

Emergency Contact – During VBS

Name	Phone Number	Relationship to Child
_____	_____	_____

Please List Any Allergies and/or Disabilities of Which We Should Be Aware:

\_\_\_\_\_

Please Provide Any Additional Information We Should Know About Your Child:

\_\_\_\_\_

Preschool children age 3-5 will be grouped together. For grades (completed) K-6, we are using multi-age groups. If registering more than one child, do you want them grouped together? If so, please list other child's name:

Circle T-Shirt Size:

YS YM YL AS AM AL

Will you be joining us for dinner? \_\_\_\_\_

My child has permission to attend Vacation Bible School during the week of July 11-15, 2021.

I grant to Immanuel Evangelical Lutheran Church (IELC), the right to take photographs of me and my family in connection with VBS. I authorize IELC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that IELC may use such photographs with or without names and for any lawful purpose, including for example publicity, illustration, advertising, and Web content. I have read and understand the above:

Print Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Immanuel Evangelical Lutheran Church

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