

St. Matthew VBS 2016

St. Matthew U.C.C. -- 1420 South Gables Boulevard
Wheaton, Illinois 60189 — (630) 665-1236

www.stmatthewucc.org

Games * Crafts * Bible Stories * Songs * Snacks
and more



When: June 20 – June 24, 9:00 - 12:00 - V.B.S.
Friday, June 24, 7:00 p.m. - Family Ice Cream Social & Open House

Who: Age 3 - 4 (Must have completed at least one year of preschool)

Grade K - 5th Grade (Completed grades K-5th)

Cost:* Non-Members

\$30 per child (\$60 max. per family) by June 13

\$35 per child (\$70 max. per family) after June 13

St. Matthew UCC Families

\$20 per child (\$40 max. per family) by June 13

\$25 per child (\$50 max. per family) after June 13

***The** registration fee covers a music CD for each family and a SHINE t-shirt for each child registered. Walk-in registrations will receive a music CD for each family and an iron-on transfer to put on your own t-shirt.

How: 1. Fill out Registration Form and Liability Release.

We want to provide your child with a wonderful VBS experience. We need to know if your child has any special needs so that we can provide adequate staffing. Please let us know if your child needs extra help.

2. Return form to Church Office with Registration fee.

Make checks payable to St. Matthew UCC.

THANKS FOR JOINING US!

VBS Registration

Family Last Name: _____

Parent(s) Name(s): _____

Street Address: _____

City: _____ Phone : _____

Zip Code: _____ Cell Phone: _____

Work Phone: _____

Email address: _____

Parent's Church: _____

School: _____

Child's Name	Age	T-shirt	Grade	Birth date	Allergies/Medication?
	(XS/S/M/L)	Complete		(MM/DD/YY)	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency Information

In an emergency, contact: _____ Relationship: _____

Phone #: _____

Cell Phone #: _____

Does your child have any chronic medical problems or other physical limitations? If so, please list: _____

Liability Release

I, the parent/legal guardian of _____

_____ do hereby agree to hold harmless St Matthew UCC and members of the Vacation Bible School Staff from any and all liability for personal injury or harm during the Vacation Bible School scheduled for June 20 - June 24, 2016, in consideration for my child participating in activities provided. I also hereby empower the Director of Vacation Bible School, Susan Wold, or one of the church staff to give consent for medical or surgical treatment of my child, at any hospital, in the event that I cannot be reached by telephone to personally consent to such medical treatment.

Parent/Legal Guardian _____

Signature: _____

Parents, can you help provide children's snacks?

(We'll call you with items needed) **Yes No**

If your child has a friend coming to VBS that they would like to be grouped with please provide that child's name:

_____ / _____

My child

Friend

Please feel free to contact St. Matthew's Children's Ministry Director, Susan Wold, with any questions or concerns: 630-665-1236 or susan.wold@stmatthewucc.org

For Office Use Only

Pd

Check #