

St. Matthew VBS 2014

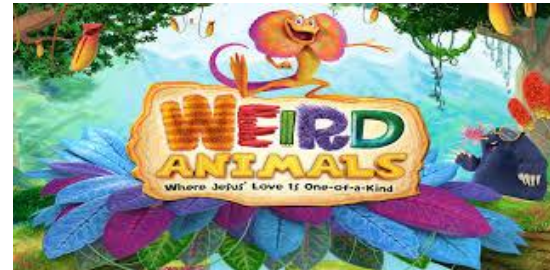
St. Matthew U.C.C. -- 1420 South Gables Boulevard

Wheaton, Illinois 60189 — (630) 665-1236

www.stmatthewucc.org

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

Photo Booth and more



When: June 16 – June 20 9:00 - 12:00 - V.B.S.
Friday, June 20 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)

Cos Cost:* Non-Members
\$30 per child (\$60 max. per family) by June 1st
\$35 per child (\$70 max. per family) after June 1st

St. Matthew UCC Families
\$20 per child (\$40 max. per family) by June 1st
\$25 per child (\$50.00 max per family) after June 1st

***Registration fee covers a music CD for each family and a *Weird Animals* t-shirt for each child registered before 6/16. An iron-on transfer will be given to each walk-in registration.**

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.**
Makes 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 (S/M/L)	Grade Complete	Birthdate (MM/DD/YY)	Allergies/Medication?
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 16 - June 20, 2014, 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

For Office Use Only

Pd

Check #

