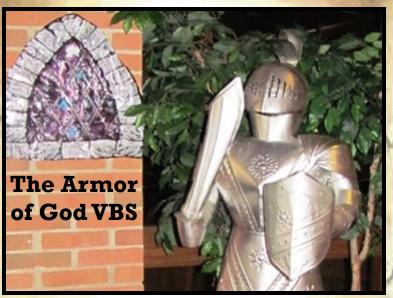


St. Matthew Vacation Bible School 2015



St. Matthew United Church of Christ

1420 South Gables Boulevard Wheaton, Illinois 60189 630.665.1236 office@stmatthewucc.org www.stmatthewucc.org

The Armor of God VBS

Games - Crafts - Experiments - Bible Stories - Songs - Snacks

When: June 15 – June 19 9:00 - 12:00

Family Ice Cream Social Open House: Thursday June 18, 7:00 pm

Who: Age 3 - 4 (Must have completed at least one year of preschool) and Grade K - 5th Grade (Completed grades K-5th)

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 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, all craft supplies and an iron-on transfer for each child.

Return form to church office with registration fee. Make checks payable to St. Matthew UCC. Thanks for joining us!

VBS Registration

			o o			
Family Last Nam	e:					
Street Address:)					
Street Address:			Нс	me Phone ·		
Zip Code:	Home Phone : Cell Phone:					
Work Phone:		Con i				
Email address:						
Parent's Church:						
School:						
Child's Name		Shoe	Grade Completed	Birth date	- -	
		E	mergency Inf	ormation		
In an emergency	contact					
Relationship:						
Phone #:						
Cell Phone #:						
Does your child h please list limitati	ave any on alon	chronic g with h	medical problow we can pro	ems or other physical vide for their needs:	limitations? If so,	

Liability Release

I, the parent/legal guardian for: hereby agree to hold harmless St Matthew UCC and members of the Vacation Bi School Staff from any and all liability for personal injury or harm during the Vac Bible School scheduled for June 15 – June 19, 2015, in consideration for my chil ticipating in activities provided. I also hereby empower the Director of Vacation School, Susan Wold, or one of the church staff to give consent for medical or sur treatment of my child, at any hospital, in the event that I cannot be reached by tel to personally consent to such medical treatment.	ation ld par- Bible gical
Parent/Legal Guardian Signature:	
Parents, can you help provide children's snacks? (We'll call you with items need Yes No (Please circle one)	iled)
If your child has a friend coming to VBS, that they would like to be grouped with provide that child's name: My child Friend	ı, please
rriend	

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



For Office Use Only

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