



St. Matthew Vacation Bible School 2015



The Armor of God VBS

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

Family Last Name: _____
Parent(s) Name(s): _____
Street Address: _____
City: _____ Home Phone : _____
Zip Code: _____ Cell Phone: _____
Work Phone: _____
Email address: _____
Parent's Church: _____
School: _____

Child's Name	Age	Shoe Size	Grade Completed	Birth date (MM/DD/YY)	Allergies/ Medication?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 limitation along with how we can provide for their needs:

Liability Release

I, the parent/legal guardian for: _____ 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 15 – June 19, 2015, 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 (Please circle one)

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: christian.ed@stmatthewucc.org or 630-665-1236.



For Office Use Only

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Check #