

Registration for First Lutheran Church  
**Day Camp & VBS 2022**

**Vacation Bible School**

August 8 –11  
 9am – 11:30am

@ First Lutheran Church

For preschool aged children

**Ages 3, 4, & 5**

**Cost: Free**

For more info  
 call Renee at 608-359-9685

**Day Camp**

August 8-11  
 9am – 2:30pm

@ First Lutheran Church

For kids entering

**1st-4th grade**

**Cost: \$10 per family**

Pre-registration is appreciated

For more info  
 call Eric at 608-290-7083

**Day Camp Plus**

August 8-11  
 9am – 2:30pm

@ First Lutheran Church

For kids entering

**5th– 6th grade**

Pre-registration is appreciated

For more info  
 call Renee at 608-359-9685

**Please Print**

**Child #1**

First & Last Name: \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

Grade Entering \_\_\_\_\_

**Camps Registering for (please check one):**

**Vacation Bible School** (Ages 3-5)

**FLC Day Camp** (For kids entering 1st-4th grade)

**Day Camp Plus** (For kids entering 5th-6th grade)

**Medical Info. (allergies, special needs, medicines, etc.)  
 or any comments:**

\_\_\_\_\_

\_\_\_\_\_

**Food Allergies**

<input type="checkbox"/> None	<u>Life Threatening</u>
<input type="checkbox"/> Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grain	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Child #2**

First & Last Name: \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

Grade Entering \_\_\_\_\_

**Camps Registering for (please check one):**

**Vacation Bible School** (Ages 3-5)

**FLC Day Camp** (For kids entering 1st-4th grade)

**Day Camp Plus** (For kids entering 5th-6th grade)

**Medical Info. (allergies, special needs, medicines, etc.)  
 or any comments:**

\_\_\_\_\_

\_\_\_\_\_

**Food Allergies**

<input type="checkbox"/> None	<u>Life Threatening</u>
<input type="checkbox"/> Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grain	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Child #3**

First & Last Name: \_\_\_\_\_

Age as of June 1 \_\_\_\_\_

Grade Entering \_\_\_\_\_

**Camps Registering for (please check one):**

**Vacation Bible School** (Ages 3-5)

**FLC Day Camp** (For kids entering 1st-4th grade)

**Day Camp Plus** (For kids entering 5th-6th grade)

**Medical Info. (allergies, special needs, medicines, etc.)  
or any comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**Food Allergies**

_____ None	<u>Life Threatening</u>
_____ Dairy	___ Yes ___ No
_____ Grain	___ Yes ___ No
_____ Eggs	___ Yes ___ No
_____ Peanuts	___ Yes ___ No
_____ Other Nuts	___ Yes ___ No

**Parent and Contact Information:**

Parent(s): \_\_\_\_\_

Home Ph: \_\_\_\_\_

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(used for registration confirmation & updates)

Emergency Contact During Day Camp or VBS (other than parent)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

1. I understand that my child/children may participate in physical activities such as those held during Game Time or sports practices and competitions. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, First Lutheran Evangelical Church and any persons involved with the Day Camp, and VBS.
2. In the event of an emergency that requires medical treatment for the above child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Day Camp/VBS staff or volunteers to secure services of a licensed physician or dentist to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any treatment of my child.
3. I give permission for photo(s)/video of my child to appear among other general photos/video as long as there is no identifying information shown.

I have read and agree to the terms and conditions stated above

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I am willing to help with VBS \_\_\_\_\_ I can donate snacks \_\_\_\_\_ I can donate supplies for Day Camp/VBS \_\_\_\_\_

Return this form and any payment due to **First Lutheran Church, 612 N Randall Ave., Janesville, WI 53545**. Checks can be written to FLC.