

"Faith: on Fire!"

"For by grace you have been saved through faith, and this is not your own doing; it is the gift of God."

-Ephesians 2:8

VINJE VACATION BIBLE SCHOOL
WITH BETHEL LUTHERAN CHURCH AND
GREEN LAKE LUTHERAN MINISTRIES
KINDERGARDEN THROUGH 5th GRADE
JULY 24 - 27, 2017 8:30 A.M. TO NOON

NAME: _____

ADDRESS: _____

PHONE: _____ EMERGENCY CONTACT NUMBER _____

E-MAIL ADDRESS: _____

PARENT NAME: _____

AGE: _____ BIRTHDATE: _____ GRADE IN SCHOOL: _____

FOOD ALLERGIES: _____

SPECIAL NEEDS WE SHOULD KNOW ABOUT:

Authorization for Green Lake Bible Camp personnel to seek and authorize necessary medical treatment for this child in the event of a medical emergency if I cannot be reached or am delayed in arriving.

Signature of parent or guardian: _____

I give Green Lake Lutheran ministries permission for my photos to be used in camp publications. _____yes _____no

Signature of parent or guardian: _____

_____I would like to drop my child off at Bethel between 7:30 - 8:00 a.m. for pre-VBS activities.

Registration Form is due by July 10th

DAY CAMPER HEALTH FORM

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. This form is required by Minnesota State Law.

Health History: (check all that apply and give approximate date)

Diabetes _____ Ear Infections _____ Convulsions _____

Asthma _____ Rheumatic Fever _____ Tetanus Booster _____

Other _____

Food allergies _____

Chronic or Recurring Illnesses _____

Recent Injuries or Illnesses _____

Medications to be brought to camp _____

Family Doctor _____ Phone _____