Registration Form (1 per child)



Prince of Peace Lutheran Church Vacation Bible School

June 24 - 28, 2024 9:00 am - 12:00 noon Ages 3 years (potty trained through 5th grade (completed)

Early Bird Registration fee by June 1st - \$35 per child
Registration after June 1st - \$40 per child
(Registration fees include Bible Buddies, crafts, snacks, t-shirt, and one Music DD Card per family.)

Register online at https://vbsmate.com/PrinceofPeaceCrystalLake
Or mail check and forms to: Prince of Peace Lutheran Church

932 McHenry Avenue Crystal Lake, IL 60014

For questions please contact Renee' Cunningham at 847-373-5699

| Child's name: | | | Child's gender: | |
|-------------------|---------------------|---------------------|------------------------------|--|
| Child's age: | Date of birth: _ | | Last school grade completed: | |
| T-shirt size: XS | 5 S M L | G XL Adult | S Adult M Adult L | |
| Yes! I would like | to volunteer for VB | S 2023! Days availa | ole M T W TH F T-shirt size: | |
| Parent 1: | | | Cell phone | |
| Parent 2: | | | Cell phone | |
| Street address: _ | | | | |
| City: | | State: | Zip code: | |
| Home email: | | | | |
| Home church: | | | | |

(OVER PLEASE - SIGNATURE REQUIRED)

| How did you hear about Prince of Peace's VB | 35? |
|---|--|
| Allergies, medical information or other spec | ial needs: |
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| | |
| Name(s) and phone # of person(s) who will p | oick up your child(ren) from Prince of Peace's VBS: |
| Name: | Phone: |
| Name: | Phone: |
| SIGNATURE REQUIRED [X] PERMISSION FORM | |
| | _ (child's/children's name) to participate in any and all scheduled t Prince of Peace Lutheran Church or outside the building. |
| communication (for example, radio, television and | y child's photograph and/or words to appear publicly on any medium of newspapers). I understand the images may be used in Prince of Peace entations, web sites and social media. I also understand that no royalty o me by reason of such use. |
| | theran Church and all volunteers and staff persons involved from liability I also give permission for the leaders to arrange emergency care, if y, at my expense. |
| Signature of parent/guardian | Date |