



SHIPWRECKED

VACATION BIBLE SCHOOL DAYCAMP

July 9-13, 2018

First United Methodist Church
317 N Fourth Street, DeKalb, IL 60115
Phone: 815-756-6301

Early Bird
Deadline:
June 1

Final
Deadline:
June 29

ELEMENTARY CAMPERS

| Child's Name | Gender | Grade entering Fall 2018 | Birth date | t-shirt size Circle one | Health Considerations/ Medications |
|--------------|--------|------------------------------------|------------|----------------------------|---------------------------------------|
| | | | | YS YM YL AS AM | |
| | | | | YS YM YL AS AM | |
| | | | | YS YM YL AS AM | |
| | | | | YS YM YL AS AM | |

| | | | |
|------------------------|--|------------------------|--|
| Parent: | | Home #: | |
| Family address: | | Cell or work #: | |
| Email: | | | |

Additional Contact:
 Name: _____ Relationship to child: _____
 # can be reached: _____

First United Methodist Church's Vacation Bible School is a daycamp which takes place at Walcamp in Kingston, Illinois. Your child(ren) may be dropped off and picked up directly at the camp location (32653 Five Points Rd., Kingston) or may ride the bus from the church. Please complete the bus information below: **8:40 drop off / 3:15 pick up** at First UMC

| Please check the days your child(ren) will need bus service. | Bus | NO BUS NEEDED | everyday | Mon | Tues | Wed | Thurs | Fri |
|--|--|---------------|----------|-----|------|-----|-------|-----|
| | <u>TO CAMP</u> (From First UMC to Walcamp) | | | | | | | |
| | <u>RETURN FROM CAMP</u> (From Walcamp to First UMC) | | | | | | | |

*Please see reverse side for additional information on expense, scholarship, and photography.

SHIPWRECKED RESCUED BY JESUS

Child's name/family name: _____

→VBS is offered in the mornings (9:15 am to 12:00 pm) for **preschool and kindergarten** children who are **4 & 5 years old by July 1, 2018**

→VBS is offered all day (9:15 am to 2:45 pm) for **elementary school** children **entering** 1st through 6th grade.

| Elementary Registration (entering 1st through 6th grades) | # of children enrolled | | Cost per child | Total |
|---|---|---|--------------------|----------------------|
| | | x | \$55.00 | |
| Early Registration Discount (on or before June 1st) | | x | \$5.00 | - |
| Sharing God's love with other families Discount | (# of families) | x | \$10.00** | - (up to \$30.00) |
| Please list family names you have invited | **Please note, families must register AND be new attendees in order for you to receive your discount | | Grand Total | |

Cost per family not to exceed \$120

Scholarships

Partial scholarships are available for families in need. They are offered as a first come, first serve basis and are limited in number. If you would like to request a scholarship, please mark below your request.

- I am requesting a *Hope Scholarship*, and I am responsible for paying 50% of my child(ren)'s fee
- I am requesting a *Beacon Scholarship*, and I am responsible for paying \$10 per child participating at VBS



Lunch

- I will provide my child(ren) with a lunch each day at camp
- My family participates in the SLAM program and I am requesting a lunch for my child(ren) each day at camp. Lunches will consist of peanut butter sandwich, fruit, drink, and snack

As parent/guardian of the above listed child(ren) I authorize the participation of, and accept responsibility for the attendance of my child(ren) at First United Methodist Church's Vacation Bible School Daycamp, **July 9-13 2018**. I certify that my child(ren) is/are in good health, and hereby authorize accompanying chaperones to act for me, according to their best judgment, in an emergency requiring medical attention. In addition I understand that my child(ren)'s photograph or video may be taken during the event. I hereby grant permission to First UMC to use my child(ren)'s photograph or likeness in any publicity or promotional publications, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

- I authorize photography of my child(ren). I do not authorize photography of my child(ren).

Signature of Parent _____

Date _____

Office Use Only:
Date: _____
Amount: \$ _____
Cash/Ck # _____
Received by: _____