



How do I register?

Register by returning the registration form on the back of this flyer to the church office.

- ~New friends ~ Amazing experiments ~
- ~Wild games ~ Lip-smacking snacks ~
- ~Surprising adventures ~
- ~ Incredible music ~

A week long summer program that will take your child through five exciting days! Venture onto an uncharted island where kids survive and thrive. Anchor kids in the truth that Jesus carries them through life's storms.

Kid's will have an amazing time trying out new Bible-times crafts, games, songs, and more We look forward to an amazing, life-changing week together!

What is the cost?

Your suggested donation of \$20/child or \$50/family (three or more children) can be mailed to the address below or brought on the first day of camp. This helps cover the cost of supplies.

*Volunteers are screened through Washington State Patrol.

Accepting applications for children age 3 by January 1, 2018 through those who have completed 5th grade.



Preschool Tide Pool

Children who turned three before January 1, 2018 and toilet trained are welcome to participate in...

Preschool Tide Pool

This program runs at the same time as

Shipwrecked Castaways and focuses on the same topics.



Address:

22975 24th Avenue South
Des Moines WA 98198

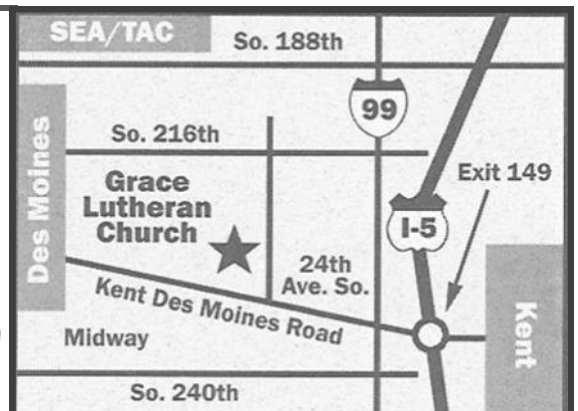
Phone: 206.878.2460

Fax: 206.878.2461

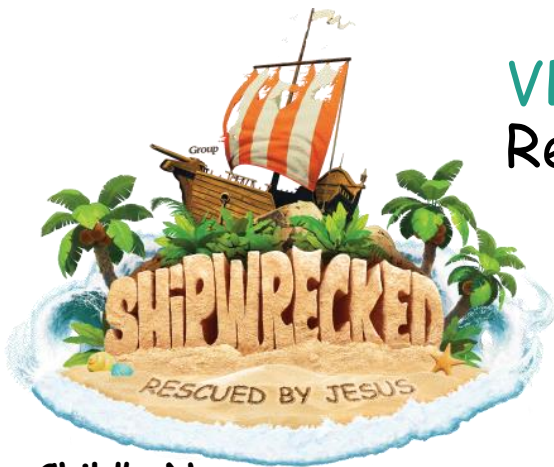
E-mail:

gracedcfm@gotgrace.com

Website: www.gotgrace.com



VBS @ Grace Lutheran Church Registration Form (one per child)



July 16th - 20th
9:00 am - Noon



Please Print

Child's Name: _____

Shipwrecked Castaways

(School-aged program for those who have completed Kindergarten through 5th graders)

Last School Grade Completed _____ Current Age: _____ DOB: _____

Preschool Tide Pool (3 years old by January 1st 2018 & toilet trained)

Does this child have preschool or daycare experience? _____

Current Age: _____ DOB: _____

Name of Parent(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____ E-mail: _____

Emergency Contact Name: _____ Relationship to Child: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Allergies or Medical Conditions: _____

Please list the names of anyone else who might be picking up your child from VBS:

Does your child have friends he/she would like to be grouped with?

Please call no later than July 10th to request being grouped together. Thank you!

Photography/Images Use Policy I/We hereby authorize Grace Lutheran Church to utilize my child's photographic image in marketing and advertising efforts of the church, including but not limited to, newsletters, advertisements, brochures delivered to the public, and the www.gotgrace.com website.

Child's Name: _____ Parent Signature _____ Date _____

Are you interested in volunteering or donating snacks? _____



There is a suggested donation of \$20/child or \$50/family (three or more).

Make checks payable to: **Grace Lutheran Church, (memo) VBS**
22975 24th Avenue South, Des Moines, WA 98198