



Vacation Bible School

July 22 & 23, 2019

www.poulsbofirstlutheran.org

Bible. Friends. Fellowship!

Come and learn what Jesus teaches us about caring for one another in building strong friendships and community! No experience with Christian learning is required, come find out what it is all about!

Camp is Mon-Tue, 9:00am-3:00pm for ages 5-12. Childcare is also available from 6:00-9:00am and 3:00-6:00pm. There is no fee for camp or for childcare. Please send camper with a sack lunch daily that does not require refrigeration, and closed toe shoes. Snacks will be provided in the morning and afternoon.

Choose Your Sessions

Please check all sessions needed:
6:00-9:00am Before Camp Care
9:00am-3:00pm Vacation Bible School
3:00-6:00pm After Camp Care

My child has special needs*

*We appreciate being able to plan in advance for special needs or requests. Without appropriate planning, we may not be able to meet your needs.

Registrations will be taken on a first come, first served basis until classes are full.

When registration is received and processed, a welcome packet will be sent via e-mail that includes other critical forms and information about our program.

Questions? Please contact Paul Davis at pauldavis@pflc.org, or Danielle Priest at jimmyanddani@yahoo.com.

Registration due by June 30, 2019

- Please fill out a separate form for each student.
- Return your form to the office or by mail to PFLC, 18920 4th Ave. NE, Poulsbo, WA 98370.
- All forms must be signed to process.

Student Name	_____
Parent/Guardian Name(s)	_____
Email	_____
Address	_____
City, State, Zip	_____
Home Phone	_____
Cell Phone	_____
Child's Birthdate	_____
Child's Doctor	_____
Doctor's Phone	_____
Medical Concerns/ Allergies	_____
Others Authorized to Pick up Child	_____

Release statement:

I am the parent/legal guardian of the above-named student, a minor. I request the student participate in PFLC's Vacation Bible School and release PFLC and its staff and volunteers from any and all liability for accident or injury that might occur in connection with such participation. I further authorize PFLC or certified emergency personnel to act on my behalf with regard to emergency medical treatment for the above-named student. I understand that photos/video of my child may be taken, and I authorize use of such photos/video for promotional purposes.

Signature

Date