

**Indicate which program is being registered for:**

VBS Session 1—Babylon:

**Daniels Courage in Captivity**  
Travel back to Babylon and join Daniel--torn from his home and forced into the king's service. Imagine the pressure of learning a new language and culture...and the shock of discovering your best friends have been tossed into a fiery furnace. Explore exotic sights and smells in a Babylonian bazaar! Kids and adults will find that they're not much different from Daniel and his friends, who kept their faith in a faithless culture.

**Dates:** June 11-15

**Time:** 9:00 a.m.-12:00 p.m.

**Cost:** \$25 due w/registration;

\$60 maximum per family

**Registration Deadline:** May 15

VBS Session 2—SKY

Sky VBS will help kids discover God's Word in a fun and unforgettable way! Each day, kids learn a single Bible Point that is reinforced with a Bible verse and Bible story--which makes it super easy to teach and simple enough that your kids will remember what they learned.

**Dates:** August 5-9

**Time:** 6:00-8:30 p.m.

**Cost:** \$25 due w/registration;

\$60 maximum per family

**Registration Deadline:** July 3

**Office Hours:**

**Monday-Thursday:**

8:30 a.m.-4:30 p.m.

**Friday:** 8:30 a.m.-3:00 p.m.

**Saturday:** 9:00 a.m.-12:00 p.m.

**Sunday:** 7:30 a.m.-close

**Our Saviour's Lutheran Church**

19001 Jackson St. NE  
East Bethel, MN 55011  
Phone: 763-434-6117  
Fax: 763-434-0394  
www.oursaviourslc.org



**2012 Vacation Bible School (VBS)**

**Session 1 and 2 Registration**

\*Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Session 1 Volunteer

Session 2 Volunteer

**Grade completed as of June 2012—Children must be age three before Sept.1, 2011. (circle one):**

Preschool I Preschool II Kindergarten Gr. 1 Gr. 2 Gr. 3 Gr. 4

**Parent/Guardian Consent**

I give my child (named above) permission to participate fully in the designated program(s) at Our Saviour's Lutheran Church. In the event of an emergency, and I or the emergency contact cannot be reached, I give Our Saviour's permission to take my child to emergency medical treatment and hereby authorize a representative of Our Saviour's to consent to and authorize medical treatment, surgery, or dental care given to my son/daughter as considered advisable or necessary in the judgement of an emergency medical professional or attending physician.



Parent/Guardian Signature \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Physician/phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies or other health concerns:

\_\_\_\_\_

\* One child per registration form. Additional forms are available at the Children & Youth Ministry board. Registrations are valid only when fees are enclosed.

**Checks payable to:** Our Saviour's Lutheran Church

**Contact:** Brice Bloxham, ext. 116 Director of Children's Ministry

bbloxham@oursaviourslc.org

**Office use only:**

Paid Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Rcd. by Initials \_\_\_\_\_ Date Received: \_\_\_\_\_

Pay by credit card:  Yes /  No  Online/oursaviourslc.org  At OSLC

Scholarship Amount Requested \$ \_\_\_\_\_

Scholarship Amount Approved \$ \_\_\_\_\_ Initials \_\_\_\_\_

Route to:  Kay  Program Staff