



Vacation Bible School  
welcomes

**CHILDREN/STUDENTS**

ages 3 (potty-trained) through 11.

**RUNNERS**

(assistants to staff)  
ages 12-years through High  
School Senior

**VOLUNTEERS**

adults



**THERE ARE MANY  
OPPORTUNITIES TO HELP!  
SEE THE REVERSE OF THE STUDENT  
REGISTRATION TO JOIN US !**



# Please consider giving your time and sharing your love of Jesus Christ with His children.

Please contact Brenda Denham at  
(904) 607-5439 or [office@bethany-lcms.org](mailto:office@bethany-lcms.org)  
for more information.

## I WOULD LIKE TO VOLUNTEER TO HELP WITH VBS!

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_  
(home or cell)

Address: \_\_\_\_\_  
\_\_\_\_\_

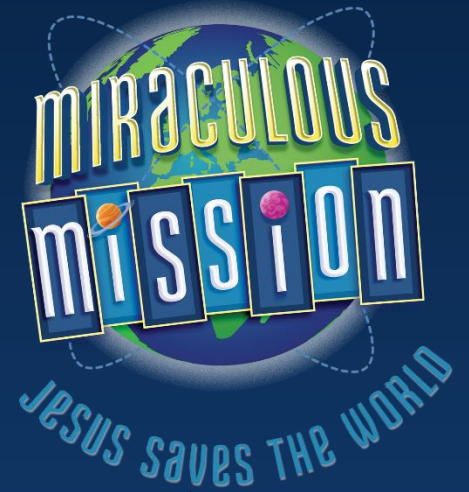
- **Age 12 – High School Senior -  
RUNNER**
- **Adults: Please circle any areas of  
interest**

Adult Guide    storytelling    crafts  
Snacks/game    Bible Challenge    photography  
decorations    supplies    Planning Team

### ***Which times will you be available to help? (all ages)***

\_\_\_ Pre-VBS planning & preparation

\_\_\_ Mon., Tues., Wed., Thur., Fri. of VBS week  
(please circle all that apply)



**VACATION BIBLE SCHOOL  
2019**

July 22 – 26  
9:00 a.m.--12 Noon

BETHANY LUTHERAN CHURCH AND PRESCHOOL



2501 Beacon Hill Road  
Alexandria, VA 22306

703/765-8255; 703/765-8687

[www.bethany-lcms.org](http://www.bethany-lcms.org)

[www.facebook.com/BLPreschool](http://www.facebook.com/BLPreschool)

Bethany Lutheran Church and Preschool

VACATION BIBLE SCHOOL REGISTRATION - (One form per child, please)



Tear here



Tear here

Student Name: \_\_\_\_\_  
First Last Nickname

Age \_\_\_\_ Gender: Male Female (please circle) Grade just finished: \_\_\_\_\_ T-shirt Size (youth): \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues/Special Needs: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street number Unit/Apartment Number

City State ZIP Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
First Last

Emergency Phone Number: \_\_\_\_\_

Alternate Pickup: \_\_\_\_\_  
First Last

Alternate Pickup Phone: \_\_\_\_\_

General Information/Notes: \_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant Bethany Lutheran Church and Preschool permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above.

\_\_\_\_\_  
Parent Signature Date