

Immanuel Lutheran Church
Presents

Vacation Bible Camp 2017



DATES: Sunday, July 30th - Thursday, August 3rd

TIME: 4:50PM - 7:45PM (Nightly)

(Please show consideration for our volunteers by respecting our drop off & pick up times.)

LOCATION: Immanuel Lutheran Church (262-248-4211)

700 N Bloomfield Rd. Lake Geneva, WI 53147

(Located directly behind the Lake Geneva Middle School)

FEE: Donations WELCOME!



All children going into 4K (who are potty trained) through 6th grade are welcome to join us nightly for Maker Fun Factory. We'll start each evening in the Main Factory singing songs and learning Created by God, built for a purpose. Our adventure continues each night with Game Makers, Imagination Station, Bible Discovery and dinner in the Dinner Factory! We'll end each night with more songs and a Fun Shop Finale.

Please fill out the registration form on the back and return it as soon as possible so that we can get our crews ready.

Don't forget to purchase you CDs (\$10) and T-shirts (\$7)

Vacation Bible Camp (VBC) 2017



FUN MAKER REGISTRATION

JULY 30TH - AUGUST 3RD (4:50PM - 7:45PM) - More Details on the Back

Please fill out one form for each FAMILY

Children going into 4K (who are potty trained) and all ages up to those going into 6th grade are invited to attend as Factory Participants.

Those going into 7th grade and older are invited to be a part of the Factory Crew.

Parent's Names: _____ Cell Phone #: _____
 _____ Cell Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Below please provide the name & number of another adult you would like us to contact if we cannot reach you.

Emergency Contact: _____ Phone #: _____

If someone other than the parent will be bringing or picking up your child(ren) please list below.

Name: _____ Phone #: _____

Home Church: _____

Would you like to receive information about Immanuel? Yes No

Would you like someone to contact you? Yes No

I would LOVE to volunteer to help with VBC!

Name: _____ Phone #: _____

Participants

Name (First & Last)	Birthday	Grade for Fall 2017 (Circle)				Medical Concerns / Allergies
		4K 3 rd	K 4 th	1 st 5 th	2 nd 6 th	
		4K 3 rd	K 4 th	1 st 5 th	2 nd 6 th	
		4K 3 rd	K 4 th	1 st 5 th	2 nd 6 th	
		4K 3 rd	K 4 th	1 st 5 th	2 nd 6 th	
		4K 3 rd	K 4 th	1 st 5 th	2 nd 6 th	

Special Requests: Such as a child to be in the same class as a friend, cousin, etc.