

Vacation Bible School

July 12-16

St. Matthew's
Lutheran Church
9:00am-12:00pm
3yrs-5th Grade

(Completed Spring 2010)

Cost: \$20 per child
(Family Maximum \$50)



God's Great Get-Together

*Will you gather with me
under the tree
at VBS?*

Step into the savannah for African adventure and faith-filled fun! Under the leaves of the Baobab tree we'll have a BLAST exploring Bible stories, cool crafts, zany games, super snacks, music with real rhythm, new friends, and much, much more!



Under The Boabab Tree You'll See:

- ▣ **Kalahari Crafts**
- ▣ **Savannah Storytelling**
- ▣ **Grassland Games**
- ▣ **and Madagascar Music**

To Register: return the form (on back) with payment to
St. Matthew's Lutheran Church
1700 Edmonds Ave. NE

OR...REGISTER ONLINE at www.smlc.cc



For more info: call Kim Unti @ 425-271-5914 or email kim.unti@comcast.net

VBS 2010 Registration

Parents'/Guardians' Names: _____ Home Ph: () _____

Mom's Wk Ph: () _____ Dad's Wk Ph: () _____ Cell Ph: () _____

Address: _____ City: _____ Zip: _____

Email address _____ Our family attends St. Matthew's? Y N

CHILDREN REGISTERING FOR VBS (MUST BE 3 YEARS OLD BY 09/01/09)

Student 1: _____ Birthdate: _____ T-Shirt Size: S M L XL AS

Grade completing **this** year: _____ Any special needs we should be made aware of? * Y N

If yes, please specify: _____ Buddy Request: _____

Student 2: _____ Birthdate: _____ T-Shirt Size: S M L XL AS

Grade completing **this** year: _____ Any special needs we should be made aware of? * Y N

If yes, please specify: _____ Buddy Request: _____

Student 3: _____ Birthdate: _____ T-Shirt Size: S M L XL AS

Grade completing **this** year: _____ Any special needs we should be made aware of? * Y N

If yes, please specify: _____ Buddy Request: _____

* such as food allergies, physical/mental challenges, learning disabilities, first time away from home, custody arrangements, etc.

WHOM SHOULD WE CALL IN AN EMERGENCY, IF PARENT/GUARDIAN IS NOT REACHABLE?

Name: _____ Relationship: _____

Phone: day () _____ cell () _____

Who will/may pick up the child(ren)? _____ Relationship: _____

IF I CANNOT BE REACHED, I GIVE PERMISSION FOR VBS STAFF TO CALL FOR MEDICAL ASSISTANCE AND/OR TRANSPORT MY CHILD TO A LOCAL MEDICAL FACILITY AND SEEK TREATMENT BETWEEN THE DATES OF JULY 12-16, 2010.

I ALSO GIVE MY PERMISSION TO ST. MATTHEW'S LUTHERAN CHURCH TO USE PHOTOGRAPHS OF MY CHILD IN ITS PUBLIC DISPLAY OR MEDIA RELEASES. I UNDERSTAND THAT THESE PHOTOGRAPHS WILL NOT BE SOLD OR USED FOR COMMERCIAL PURPOSES.

SIGNATURE: _____ DATE: _____

Date Paid _____ Paid: Cash \$ _____ or Ck # _____ / \$ _____

Office Use Only