



"Keeping the Earth"

Vacation Bible School @ Holy Trinity

August 16 – 20; 9 am - 3 pm Monday - Thursday

Preschool 9am - 12:30 pm Monday - Thursday

Friday event with lunch for all ages ; Parent presentation at 12:30!

Friday 9 am – 1 pm.

What do we need to do??

- Save the Dates – invite your friends!!!!
- Walk in the Summer Celebration Parade, July 10, 2010
- Register - your children, their friends, your grandchildren, neighbors!!
 - Kids ages: entering Preschool (age 3) through 5th grade!
- Volunteer! To be on-site adult supervision, to host a pair of Lutherwood counselor; to help with songs, or crafts, or snacks; to drive on a field trip.

The cost is \$90 per camper (Grades K-5) \$50 for each preschool camper.

(Campers need to bring their own lunch each day, except Friday).

Scholarships are available ~ Contact Kathy (kfisher@htlcmi.org; 206-232-3270)

-----return below-----

YES! We're coming to VBS!!

Child's Name	Age	Grade in Fall 2010	T-Shirt Size
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- 1.
- 2.
- 3.
- 4.

\$ _____ enclosed (**\$90 per camper/K-5: \$50 / preschool**)

\$ _____ Deposit of \$25 pp (balance due August 1)

_____ I'd like to provide a scholarship for a camper. Please find my donation of

\$ _____ enclosed.

_____ I'm marching in the Summer Celebration parade

_____ I will be an on-site adult (M T W TH F)

_____ I will work with the Junior Counselors

_____ I will host a pair of Lutherwood Counselors in my home for the week.

_____ I will help with the Earth Day celebration on Friday (10 am – 1 pm)

_____ I will donate snack items: _____ String cheese _____ apple slices

_____ watermelon slices _____ popsicles

Parent(s) Name & Phone _____

Parent email: _____

Return form to HTLC, 8501 SE 40th Street, Mercer Island, WA 98040

Medical Release

(your child cannot participate without this on file for the week)

I understand that in the case of emergency, or if any medical or surgical care becomes necessary for _____, every attempt will be made to contact me. If I am unavailable, I grant those in charge of HTLC supervised events to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such emergency treatment. We release and discharge the Evangelical Lutheran Church in America and/or it's representatives involved in this event from any liability whatsoever in exercising this permission.

Signature of Parent or Legal Guardian *Date*

Emergency Contact (other than parent or guardian)

Daytime phone _____ Evening phone _____

Cell phone _____

Physicians name _____ Phone # _____

Insurance Company _____

Policy number _____

(a copy of the insurance card stapled to this form is most helpful)

Medical Information

Date of last tetanus shot: _____

Allergies (food,drug,environmental):

Current medications (with clear instructions for use and other pertinent medical information):

Please inform us of any special medical conditions/needs:

