



# Love to Serve



Vacation Bible School @ Holy Trinity  
August 17 – 21; 9 am - 3 pm daily  
Preschool 9am - 12:30 pm daily

Friday, Carnival from 10:30 – 12 n; Parent presentation at 12:30!  
We're done at 1 PM.

### What do we need to do??

- Save the Dates – invite your friends!!!!
- Walk in the Summer Celebration Parade "It's A Small World" (July 11<sup>th</sup>) and wear your VBS t-shirt!!
- Register - your children, their friends, your grandchildren, neighbors!!
  - Kids ages: entering Preschool (age 3) through 5<sup>th</sup> grade!
- Volunteer! To host a pair of Lutherwood counselor; to help with songs, or crafts, or snacks; to drive on a field trip.

**The cost is \$85 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](mailto:kfisher@htlcmi.org); 206-232-3270)

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

### YES! We're coming to VBS!!

Child's Name	Age	Grade in Fall 2009	T-Shirt Size
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- 1.
- 2.
- 3.
- 4.

\$\_\_\_\_\_ enclosed (**\$85 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 and will pick up my shirt that day!

\_\_\_\_\_ I want to help!

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

\_\_\_\_\_ I will volunteer at VBS ( \_\_\_M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F)

\_\_\_\_\_ I can drive to Groveland beach on Wednesday's field trip (11:15 am)

\_\_\_\_\_ I will donate snack items: \_\_\_String cheese \_\_\_apple slices  
\_\_\_watermelon slices

Parent(s) Name & Phone \_\_\_\_\_

Parent email: \_\_\_\_\_

Return form to HTLC, 8501 SE 40<sup>th</sup> 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:

\_\_\_\_\_  
\_\_\_\_\_