



CELEBRATION LUTHERAN VBS 2019

July 8-11 (12), 2019

Our 2019 Vacation Bible School is coming, coordinated by Nathan Himes, Celebration's Director of Youth and Family Ministries, with program leadership by Twinlow Bible Camp! Five young adult, staff members will be with us all week leading music, lessons and all the fun at VBS!

How can you help?

Volunteers to be VBS Group Guides (no teaching needed ☺ just be with a fun group of children going from activity to activity each day!) **Volunteers needed (8:30 - 12 noon).**

Provide Lunches for the 5 Twinlow staff: (To-go lunch Friday)

Provide Dinners for the 5 Twinlow staff (Sunday - Thursday)

Provide housing for 2 Twinlow Staff (2 host homes needed for 2-3 Twinlow staff each - 5 nights 7/7-7/11)

Hours by Grade entering Fall 2019:

Pre-K (4 by 8/31/19): 9:00 - 12:00 noon Mon-Thurs (no Friday)

Kindergarten: 9:00 - 12:00 noon Mon-Thurs (no Friday)

Grades 1-6: 9:00 - 12:00 noon Mon-Fri



All students should bring a bottle of water marked with their name and sunscreen, if needed. Please no flip flops, closed toe shoes preferred)

Celebration Lutheran Church 2019 VBS Registration Form

July 8-11 (12) - Hours:

Pre-K & Kindergarten: 9:00 – 12:00 noon Monday - Thursday (**no Friday**)

Grades 1-6: 9:00 – 12:00 noon Monday - Friday



Camper Name _____ Address _____ City _____ Zip _____ Home Church <i>(If Appropriate)</i> _____ _____
--

Birthdate _____ Must be 4 before 8/31/2019 Grade (this fall 2019) _____ <i>Pre-K and Kindergarten registration limited to the first 25 students to register</i> Please print clearly in ink. Please use a different form for each camper.

Parent or Guardian Authorization

I give Celebration Lutheran & Twinlow Camp permission to use photos/video of my child taken at Day Camp in future promotion of their ministries.

Please submit this form with your \$35 Registration Fee to Nathan Himes or the Celebration Lutheran Church office. Registration Fee may be submitted by Electronic Funds debit/transfer form attached, check or cash.

I understand Celebration Lutheran Church, Twinlow Camps and CLC VBS staff reserve the right to limit number of students enrolled.

DISCIPLINE AND CONDUCT: I understand that a child who persists in unacceptable conduct will not be permitted to remain in the program. We further agree to require my child(ren) to show respect for those in authority over them such as pastors, teachers, assistants, administrators, custodial staff, church staff, and church member volunteers.

GENERAL SAFETY: I recognize the potential dangers involved when children are taken into and out of the building, especially at times of high parking lot traffic. We agree to always park in a designated space, and never park or stand in front of the entry doors, which is a fire lane.

ACTIVITIES: I give permission for my child(ren) to take part in all VBS activities.

LIABILITY: I release Celebration Lutheran Church from all liability, except negligence, while my child(ren) is/are at VBS 2019.

HEALTH POLICY: I understand that in the event my child becomes seriously ill or sustains an injury which is of an emergency nature while at Celebration VBS 2019, 9-1-1 will be called and the child transported to the nearest hospital for care, and a parent or guardian notified. I agree to keep my child home if s/he has a fever, diarrhea, is vomiting or coughing or has other symptoms of any communicable disease.

Parent or Guardian(s) Name _____
 Cell _____ Home _____ Work _____
 Email _____

Parent or Guardian Signature _____ Date _____

I/we would love to volunteer to help this week at VBS!

Name: _____

Please contact me at number or email above _____

Please email me or call me at: _____

Does student have medical/hospital insurance? Yes ___ No ___

If yes, please indicate carrier plan or name _____

Group Number _____

Emergency Contact Person (Different than above)

Name _____

Cell _____ Home _____ Work _____

Relation to Camper _____

Celebration Lutheran Church
2019 VBS Health Form

(Please attach an additional page if needed)

Allergies (Please list all known allergies)

Medication, Food, Other: _____

Please describe reaction and response: _____

Medications

Please list all medications the camper is currently taking and why _____

Current Conditions

Please list any existing medical conditions of the camper that the Day Camp staff should know about.

Restrictions

Please explain any activity restrictions of the camper (i.e. what cannot be done, what activities need to be adapted)

Additional Information

Please explain anything else that would help the Day Camp staff. Behavioral quirks, or any information about physical, emotional, and mental health that the staff should know. The more the camp staff knows the better they can serve.

In case of an emergency, 911 will be called and then the numbers listed for you and emergency contacts.

Parent or Guardian Authorization

This health history is correct and complete to the best of my knowledge. I grant permission for the camper described to participate in Day Camp activities except as noted.

I grant permission to the Day Camp staff to provide emergency medical care as necessary, including x-rays and other tests. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to Celebration Lutheran and the Twinlow Day Camp staff to arrange necessary related transportation for the camper.

In the event that I cannot be reached, I give permission to the Emergency medical staff and hospital to which they transport to secure and administer treatment, including hospitalization, of the camper described.

Parent of Guardian Signature _____

Print Name _____ Date _____

Authorization for Celebration Lutheran Church 2019 Vacation Bible School Registration Fee



By Electronic Debit agreement with:
Celebration Lutheran Church, 2500 Shaw Rd, Puyallup, WA 98374

Student Name _____

Parent (or account holder) Name _____

Address _____

Phone _____

Vacation Bible School Registration Fees:

Students ____ Grades PreK-6 @ \$ 35.00 \$ _____

Please withdraw total:

\$ _____

On _____, 2019

Any business day before July 5 2019

Bank or Credit Union Name _____ City, State _____

Account # _____ Routing # _____

I (we) hereby authorize Celebration Lutheran Church/Celebration Friends Preschool to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I understand that if my payment is returned unpaid, a second attempt will be made to collect the payment with an additional \$15.00 fee included. This authorization is to remain in full force and effect until Celebration Lutheran Church/ Celebration Friends Preschool has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Celebration Lutheran Church/Celebration Friends Preschool and DEPOSITORY a reasonable opportunity to act on it.

Signature (must be an authorized signer on the account)

FOR OFFICE USE ONLY: Date received _____ Pre-note date _____

Authorization for Celebration Lutheran Church 2019 Vacation Bible School Registration Fee



T AUTOMATED
TUITION
P L A N

By Electronic Debit agreement with:
Celebration Lutheran Church, 2500 Shaw Rd, Puyallup, WA 98374

Student Name _____

Parent (or account holder) Name _____

Address _____

Phone _____

Vacation Bible School Registration Fees:

Students ____ Grades PreK-6 @ \$ 35.00 \$ _____

Please withdraw total:

\$ _____

On _____, 2019

Any business day before July 5 2019

Bank/Credit Union Name on file at CLC OR Celebration Friends

Account # on file at CLC OR Celebration Friends

Routing # on file at CLC OR Celebration Friends

I (we) hereby authorize Celebration Lutheran Church/Celebration Friends Preschool to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I understand that if my payment is returned unpaid, a second attempt will be made to collect the payment with an additional \$15.00 fee included. This authorization is to remain in full force and effect until Celebration Lutheran Church/ Celebration Friends Preschool has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Celebration Lutheran Church/Celebration Friends Preschool and DEPOSITORY a reasonable opportunity to act on it.

Signature (must be an authorized signer on the account)

FOR OFFICE USE ONLY: Date received _____ Pre-note date _____

CELEBRATION LUTHERAN

SUMMER NIGHTS 2019

July 8-11, 2019

6:00 – 8:30 PM Monday-Thursday evenings

Times may vary depending on activity scheduled each day.

A final schedule will be given with exact times and activities. Dinner will be provided only on Thursday night.



For the first time ever we are adding a *Summer Nights* section to our VBS week for students grades 7-12 & graduating Seniors (grades entering in the Fall). This program will be coordinated by Nathan Himes, Celebration's Director of Youth and Family Ministries, with program leadership by Twinlow Bible Camp! Here is what to expect: summer games like ultimate Frisbee, a BBQ dinner on Thursday night, campfires and group devotions, service events and maybe even a group outing, and plenty of time hanging out! Join us to make new friends, to get closer with good friends, and enjoy the *Summer Nights* together!

Details and schedule to come once registration is closed.

Summer Nights!

How can you help?

Summer Nights Adult Leaders: We need at least one extra male and female adult leader for this event. Duties: Driver if needed, Helping set up activities, Stay until all youth are picked up, and most importantly Having fun with the youth! If you are interested please contact Nathan by phone (253) 632-1455 or email nathan@celebrationlutheranchurch.org

Daytime Volunteers to help with VBS (no teaching needed ☺ just be with a fun group of children going from activity to activity each day!) Volunteers needed (8:30 - 12 noon).

Provide Lunches for the 5 Twinlow staff: (To-go lunch Friday)

Provide Dinners for the 5 Twinlow staff (Sunday - Thursday)

Provide housing for 2 Twinlow Staff (2 host homes needed for 2-3 Twinlow staff each - 5 nights 7/7-7/11)

Costs?

\$35 registration fee for each student

Reg fee will be waived for every high school student who volunteers their time during the VBS morning program.

All students should bring a bottle of water marked with their name and sunscreen, if needed. Please no flip flops, closed toe shoes preferred)



Celebration Lutheran Church

2019 *Summer Nights*

Registration Form

July 8-11 – 6:00-8:30 PM - \$35 (or free if student has volunteered in the morning at CLC VBS)



Student Name _____
Address _____
City _____ Zip _____
Your Home Church: _____

Parent or Guardian Authorization

I give Celebration Lutheran & Twinlow Camp permission to use photos/video of my student taken at **Summer Nights 2019** in future promotion of their ministries.

Please submit this form with your \$35 Registration Fee to Nathan Himes or the Celebration Lutheran Church office. Registration Fee may be submitted by Electronic Funds debit/transfer form attached, check or cash.

I understand Celebration Lutheran Church, Twinlow Camps and CLC **Summer Nights 2019** staff reserve the right to limit number of students enrolled.

DISCIPLINE AND CONDUCT: I understand that a child who persists in unacceptable conduct will not be permitted to remain in the program. We further agree to require my child(ren) to show respect for those in authority over them such as pastors, teachers, assistants, administrators, custodial staff, church staff, and church member volunteers.

GENERAL SAFETY: I recognize the potential dangers involved when students are taken into and out of the building, especially at times of high parking lot traffic. We agree to always park in a designated space, and never park or stand in front of the entry doors, which is a fire lane.

ACTIVITIES: I give permission for my student to take part in all **Summer Nights 2019** activities.

LIABILITY: I release Celebration Lutheran Church from all liability, except negligence, while my child(ren) is/are at **Summer Nights 2019**.

HEALTH POLICY: I understand that in the event my child becomes seriously ill or sustains an injury which is of an emergency nature while at **Summer Nights 2019**, 9-1-1 will be called and the child transported to the nearest hospital for care, and a parent or guardian notified. I agree to keep my student home if s/he has a fever, diarrhea, is vomiting or coughing or has other symptoms of any communicable disease.

Parent or Guardian(s) Name _____
 Cell _____ Home _____ Work _____
 Email _____

Parent or Guardian Signature _____ Date _____

I/we would love to volunteer to help this week at Summer Nights 2019!

Name: _____

Please contact me at number or email above _____

Please email me or call me at: _____

Does student have medical/hospital insurance? Yes ___ No ___

If yes, please indicate carrier plan or name _____

Group Number _____

Emergency Contact Person (Different than above)

Name _____

Cell _____ Home _____ Work _____

Relation to Camper _____

Birthdate _____ Grade (this fall 2019) _____ Please print clearly in ink. Please use a different form for each camper.

Celebration Lutheran Church
Summer Nights 2019 Health Form

(Please attach an additional page if needed)

Allergies (Please list all known allergies)

Medication, Food, Other: _____

Please describe reaction and response: _____

Medications

Please list all medications the camper is currently taking and why _____

Current Conditions

Please list any existing medical conditions of the camper that the **Summer Nights 2019** staff be aware of.

Restrictions

Please explain any activity restrictions of the camper (i.e. what cannot be done, what activities need to be adapted)

Additional Information

Please explain anything else that would help the **Summer Nights 2019** staff. Behavioral quirks, or any information about physical, emotional, and mental health that the staff should know. The more the camp staff knows the better they can serve.

In case of an emergency, 911 will be called and then the numbers listed for you and emergency contacts.

Parent or Guardian Authorization

This health history is correct and complete to the best of my knowledge. I grant permission for the student described to participate in **Summer Nights 2019** activities except as noted.

I grant permission to the **Summer Nights 2019** staff to provide emergency medical care as necessary, including x-rays and other tests. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to Celebration Lutheran and the Twinlow Day Camp staff to arrange necessary related transportation for the camper.

In the event that I cannot be reached, I give permission to the Emergency medical staff and hospital to which they transport to secure and administer treatment, including hospitalization, of the camper described.

Parent of Guardian Signature _____

Print Name _____ Date _____

**Authorization for Celebration Lutheran Church
Summer Nights 2019
Registration Fee**



By Electronic Debit agreement with:
Celebration Lutheran Church, 2500 Shaw Rd, Puyallup, WA 98374

Student Name _____

Parent (or account holder) Name _____

Address _____

Phone _____

**Summer Nights 2019
Registration Fees:**

Students _____ Grades 7-12 @ \$ 35.00 \$ _____

Bank or Credit Union Name _____ City, State _____

Account # _____ Routing # _____

I (we) hereby authorize Celebration Lutheran Church to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I understand that if my payment is returned unpaid, a second attempt will be made to collect the payment with an additional \$15.00 fee included. This authorization is to remain in full force and effect until Celebration Lutheran Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Celebration Lutheran Church and DEPOSITORY a reasonable opportunity to act on it.

Signature (must be an authorized signer on the account)

FOR OFFICE USE ONLY: Date received _____ Pre-note date _____

Authorization for Celebration Lutheran Church 2019 Vacation Bible School Registration Fee

By Electronic Debit agreement with:
Celebration Lutheran Church, 2500 Shaw Rd, Puyallup, WA 98374

Student Name _____

Parent (or account holder) Name _____

Address _____

Phone _____

Summer Nights 2019 Registration Fees:

Students _____ Grades 7-12 @ \$ 35.00 \$ _____

Bank/Credit Union Name **on file at CLC**

Account # **on file at CLC**

Routing # **on file at CLC**

I (we) hereby authorize Celebration Lutheran Church to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I understand that if my payment is returned unpaid, a second attempt will be made to collect the payment with an additional \$15.00 fee included. This authorization is to remain in full force and effect until Celebration Lutheran Church has

received written notification from me (or either of us) of its termination in such time and in such manner as to afford Celebration Lutheran Church and DEPOSITORY a reasonable opportunity to act on it.

Signature (must be an authorized signer on the account)

FOR OFFICE USE ONLY: Date received _____ Pre-note date _____
