

Vacation Bible School June 13, 14, 15



WHO: Children age 3 (by September 1) through those entering 6th grade the fall of 2011

WHAT: Inside Out & Upside Down on Main Street

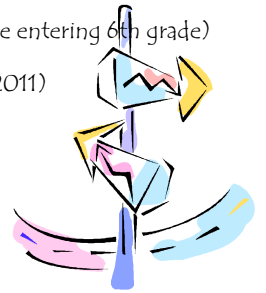
WHEN: June 13, 14, and 15, 2011

9:00am – 3:00pm (for children who have completed kindergarten through those entering 6th grade)
 9:00am – 12 noon (for preschool children and those entering kindergarten fall 2011)

WHERE: Walcamp 32653 Five points Rd. Kingston, IL

WHY: To participate in an inside-out, upside-down experience like no other...

and let Jesus make a difference in YOU!



COST: \$15 per child (\$40 max per family) if paid by deadline of May 31st.

HOW: Bus departs Immanuel promptly at 8:30 a.m. and returns at 3:20 p.m. on Monday and Tuesday.

Note: On Wednesday the bus will depart Walcamp following the closing at 4:20 p.m.

PLEASE COMPLETE ALL PORTIONS THAT APPLY TO YOUR CHILD:

****Swimming:** (Swimming is in the camp lake and is supervised by a certified life guard.)

My child _____ has permission to swim at Walcamp during Immanuel Lutheran Church's Vacation Bible School, June 13-15, 2011.

Signature of parent/legal guardian

****Transportation:** (Check the line AND Circle appropriate transportation for each day.)

Note: All children ages 3–kindergarten must be picked up at noon at Walcamp each day. There is no noon bus service.

My child _____ will: _____ (circle all applicable dates)

_____ be riding the chartered Vacation Bible School Bus from Immanuel Lutheran Church to Walcamp on June: 13 14 15.
 (The bus will leave Immanuel at 8:30 a.m.)

_____ be riding the chartered Vacation Bible School Bus from Walcamp to Immanuel Lutheran Church on June: _____
 13 (3:00 p.m.) 14 (3:00 p.m.) 15 (4:20 p.m.)

_____ I will provide private transportation for my child to Walcamp for Vacation Bible School on June: 13 14 15
 Please note that all children should arrive at Walcamp by 9:00 a.m.

_____ I will provide transportation for child my from Walcamp on June: 13 (12 or 3 p.m.) 14 (12 or 3 p.m.) 15(12 or 4:20 p.m.)

I do not hold Immanuel Lutheran Church or its Vacation Bible School Staff liable for any injuries my child may incur.

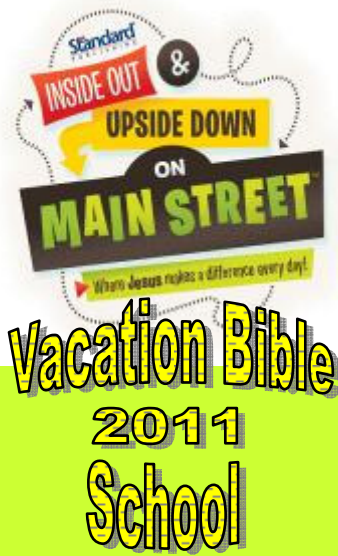
Signature of parent/legal guardian

Please check mark this box only if you do not want your child's picture posted used in any publication. i.e. VBS newsletter, newspaper, internet.

 Date



Registration fee is \$15/child* before May 31, 2011. (maximum of \$40/family if paid before May 31.) After May 31, we ask that you cover the full cost of the child for VBS, which \$35/child. **The registration fee and registration forms must be turned in together for your child to be registered for the program.** Make checks payable to Immanuel Lutheran Church, and note VBS on the memo portion of the check. Registration forms and payment should be returned to: Immanuel Lutheran Church · 511 Russell Road · DeKalb, IL 60115
 Questions? Call the church at 815-756-6669. Financial assistance will be considered with a written request.



We're excited about Immanuel's Vacation Bible School to be held on June 13, 14, and 15, 2011. This year's program is **Inside Out & Upside Down on Main Street**.

Kids will begin to understand how Jesus saw the world and the people in it in an entirely unexpected way. So welcome to Main Street where we will start with Side Walk Celebration, Parable Productions, Firehouse Fitness, Fun Factory Crafts, and sample tasty goodies from the Brown Bag Bistro.

Inside Out & Upside Down on Main Street is an inspirational and educational experience for your entire family. The trip for children begins at 9:00 a.m. and ends at 3:00 p.m. and parents are invited and encouraged to join in at any time. Preschool and Kindergarten children leave daily at noon. * *There will be NO Bus transportation at noon.* *

There will be a closing program on Wednesday, with bus transportation provided at 4:20 p.m.

Registration materials are available in the Narthex. **REGISTRATION DEADLINE IS MAY 31, 2011. LATE FEE WILL APPLY AFTER MAY 31, 2011**

Volunteers are needed, even if you can only help part of the time.

QUESTIONS: CALL SHELLEY AT (815)825-2481 OR ANGELA AT (815)901-2613

Immanuel Lutheran Church (815) 756-6669



"CLOSING CEREMONY"

All participants and your family are invited to enjoy the Closing VBS Program on Wednesday, June 15 at 3:00 p.m. at Walcamp 32653 Five Points Road, Kingston

All parents, family and friends are invited to come see what we learned and how much fun we had at VBS!

There will be a bus departing from Walcamp at 4:20 p.m. back to Immanuel in DeKalb for those children who need transportation.

The children are also invited to sing at the Sunday worship service at 9:00 on June 19, 2011.

Vacation Bible School is hosted by :
Immanuel Lutheran Church and Student Center
 and
Little Lambs Preschool
 511 Russell Road
 DeKalb, IL 60115
 Telephone: 815-756-6669
 Web site: www.ImmanuelDeKalb.com



Join us for Summer Worship each Sunday at 9:00 a.m. May 29—August 14



----- **Clip and return** ✂ -----



Upside Down & Inside Out on Main Street Registration

(One registration sheet per child required — additional registration forms are available on line at www.ImmanuelDeKalb.org or in the church office)

Child's Name _____

Mother's Name _____ **Father's Name** _____

Child's Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email _____ **Church** _____

I am available to volunteer to help at VBS on: Monday Tuesday Wednesday Times: _____

Child's Birth Date _____ **Age** _____ **Grade Entering** _____ (As of 9/12/11)

Emergency Contact _____ **Phone Number(s)** _____

Medical Conditions: _____

(Include information about participant's behavior or physical, emotional, or mental health of which we should be aware.)

Allergies _____

Medical Insurance Carrier _____ **Policy #** _____

I hereby give permission to the medical personnel selected by the Vacation Bible School Director to order x-rays, routine tests, treatment and necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the VBS Director to secure and administer treatment, including hospitalization, for the person named above. I understand that I will be responsible for all expenses.

Signature of Parent/Guardian _____ **Date** _____



Be sure to fill out both sides!