



For Children Entering 1st - 6th Grade

Riverside

&

**St. Paul Lutheran Church
Two-Day VBS Camp**

NO COST TO ANY CHILD! Lunch, Snacks & Beverages to be provided. Please consider bringing non-perishable item for our local community.

**"JUST AS CHRIST WAS RAISED FROM THE
DEAD, THROUGH THE GLORY OF THE FATHER WE
TOO MAY LIVE A NEW LIFE." - ROMANS 6:4**

DATES:

**August
11th & 12th
2021**

WHERE:

**St Paul Lutheran Church
1120 N. 8th St.
Winterset, IA**

TIME:

9am - 2pm

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ST. PAUL LUTHERAN CHURCH & RIVERSIDE DAY CAMP

Registration & Health Form for 2021 Vacation Bible School

Please print clearly. Please use a separate form for each camper. Please return this form in person (a box will be inside the St. Paul church front doors)... OR... Mail to: 1120 N. 8th St., Winterset, IA 50273

FORM MUST BE RECEIVED BY 07-28-2021

Personal Information

For Children Entering 1st – 6th Grade

Name: _____ Grade Entering: _____ Sex: M / F
Birth Date: ____/____/____ Age: _____ 1st time day camper? Y / N
Address: _____ City: _____ State: ____ Zip: ____
Parent/Guardian Name: _____ Email address: _____
Phone: _____ Work phone: _____
Parent Cell Phone: _____
Emergency Contact & Phone #: _____
Siblings attending Day Camp: _____
Church (if different from host church): _____ City: _____

General Health Information

Chronic or recurring illness or medical condition that may affect Day Camp life: _____
Dietary restrictions (i.e. vegetarian, lactose intolerant, food allergies): _____
Other suggestions that may help make your day camper's week more comfortable and enjoyable: _____
Medications (please list kinds and dosage): _____

Insurance Information

Insurance company: _____
Policy #: _____
Holder's name: _____
Family doctor: _____ Phone #: _____

Immunizations

DPT (series of 3) Y/N
Polio Y / N
MMR (measles/mumps/rubella) Y / N
Date of last tetanus: _____

Permission

- ** I give my permission for my child to participate in all aspects of the Day Camp except as noted.
- ** I understand that every effort will be made to contact me if my child needs emergency medical treatment.
- ** I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child.
- ** I give permission for any picture taken of my child to be used for promotional purposes.

Parent/Guardian Signature

Date