

Application for Vacation Bible School (VBS)

Please complete a separate application for each student

Child's Name Age Grade	e in Fall School attending
Parent(s)/Guardian Name	
Address:	
Street	City Zip
Elementary @ St. Luke Lutheran Church 5312 Comercio Way, Woodland Hills, CA 91364 June 22 - June 26, 2020 Monday through Friday 9 a.m. to 3 p.m. For Children entering 1st Grade to 6th Grade Program led by staff from LRCC Cost: \$100 per child	Preschool @ Shepherd of the Valley Lutheran 23838 Kittridge St. West Hills, CA 91307 July 13 - July 17, 2020 Monday through Friday 9 a.m. to 11 a.m. For Children ages 2-5 Cost: \$60 for one child, \$55 per child for two or more children, \$50 per child for full-time volunteer.
Please make checks payable to SOV and atta	ach payment to reserve your spot.
Where may we contact you or other authorized person in the order in which you would like to be contacted:	n case of emergency? List phone numbers (home, work, mobile)
Name and phone #'s	Email
List any allergies (especially food) or medical concerns:	
In case of accident or serious illness, I request the school to con whatever arrangements seem necessary. I understand the scho	ntact me. If the school is unable to contact me, the school may make ool does not assume responsibility for any medical payments.
Parent/Guardian Signature	Date
Name of church you attend	I am willing to help (Name)
Circle days willing to help:	M T W TH F

 \square in the nursery \square furnish refreshments \square with crafts \square in the kitchen \square with worship (opening)

□ donate funds for VBS (Check enclosed for \$ _____)

 \Box teach

■ with music ■ with games