



**First English Lutheran Church
VBS Registration**

Mail to: FELC Attn: Donna Haberland
326 E. North St. Appleton, WI 54911

Fax to: 920-733-7431

Student Name	Male or Female	Birthdate	Grade This Fall	Allergies

If your child may need additional help in his/her learning experience please contact Donna Haberland to help us plan ways to assist your child. Thank you.

Please enclose payment. Amount enclosed \$_____ (\$10 per child or \$30 maximum per family. *We welcome all children regardless of financial situations.*)

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____-_____-_____ E-mail: _____ Cell Phone: _____

Emergency Contact Name and Phone _____

Home Church: _____ City: _____

Parent Signature: _____ Date _____

(Signature required for registration) Parent Release: I consent to allow the above person(s) participation in the listed program and consent to medical treatment in the case of emergency. **Please make sure your student has an up to date 2010-11 FELC Youth Ministry Release Form on file. New releases are needed each summer. A copy of the release is included on page 4.*

June 2010

Dear VBS Students and Parents,

Enclosed is a Vacation Bible School registration form. Please fill out the form and return it to the church office to register your child (ren) to attend **Baobab Blast: God's Great Get-Together.**

We've planned a great week of exploring the wonders of God's word at **Baobab Blast** Vacation Bible School!



WHEN: It is from 9 a.m.-noon, Monday, August 2 – Thursday August 5

WHERE: First English North Site at the corner of Ballard Road and Broadway Drive.

WHAT TO WEAR: Please dress in play clothes as we'll be very active having fun with sand, water, crafts, stories and games.

WHAT TO BRING: A backpack and your smile! Also, daily offerings will be collected to support Feed My Starving Children and Project Education India child, Yuva, who is 12 years old.

COST: There is a \$10 suggested donation per child or \$30 max for families for VBS this year. Please send payment with your registration. *(Everyone is welcome, financial assistance is available.)*

A daily registration table will be located in the Gathering Area, so please check in there for a nametag. Then go to the sanctuary to meet your Baobab Blast Guide. VBS concludes each day at 12:00 noon. Parents should pick up their child (ren) in the sanctuary. Parents are welcome to stop by for the closing worship at 11:50 a.m. any day.

Also enclosed with this letter is a list of donations that are needed and a list of volunteer needs. Many volunteers are needed this year to make Vacation Bible School a success. Just mark the area you're interested in helping with and Donna Haberland will give you a call with more details. Please bring your donations (*labeled VBS*) to either site by Wednesday, July 28 at 4:00 p.m.

Included are a few offering envelopes, more will be available at the registration table during VBS week. The daily offering will support Feed My Starving Children and our current Project Education India child, Yuva, who is 12 years old. It costs only \$240.00 per year to provide Yuva's food, housing and education for a year.

If you have any questions concerning Vacation Bible School, please call Donna Haberland in the church office (733-2303).

Peace and Joy,

Donna Haberland and Anita Damon
Education Coordinators

CALLING ALL VOLUNTEERS!

Do you remember your childhood VBS days and how you learned about God's love through fun and meaningful activities and songs? Many volunteers are needed to make "Baobab Blast: God's Great Get-Together" a meaningful experience this summer. VBS will be held from 9 a.m. to noon August 2-5 at the North Site. Please volunteer to be a small group guide who takes a group of 10-15 children to each of their activity areas, no lesson planning required. The activity leaders are already busy planning Bible story, crafts, games, snack, music and or science activities, but would love extra help. Middle school, high school students and parents, please volunteer by marking the area you are interested in helping with and mailing it back with the enclosed VBS registration for your child(ren).

_____ **Baobab Blast Guide** (No lesson planning required!) _____ Grade Level Preferred (3 year olds – 6th grade)

Activity Center Help Please check the activity center you'd like to help at each day. *(Even If you can help 1or 2 days we need you! Please list which days you can help* _____

- _____ Music
- _____ Art
- _____ Bible Storytelling
- _____ Games
- _____ Snacks
- _____ Science
- _____ Registration Table
- _____ Nursery

DONATIONS NEEDED FOR VBS:

- 4 boxes (10 oz) - Honey Teddy Grahams
- 2 big bags of animal crackers
- 2 large bottles of **plain** Ranch Salad Dressing
- 2 boxes (13.5 oz) – Graham Cracker crumbs
- 4 bags (28oz.) - Eillien's Gummy Worms
- 2 boxes (gallon size) – Ziploc bags
- 1 roll plastic food wrap

- 3 packages (100 per package) – white napkins
- 75 balloon sticks
- Elmer's glue sticks
- Fabric paint with writing tip - any color
- Fabric markers
- Kleenex
- paper towels
- scotch tape
- double sided scotch tape

Please talk to Donna or Anita about helping this fall! Team teachers are needed at the Downtown Site for a 4 year old class, grades 1, 2, 4, 7, 8 and high school. At the North Site, team teachers are needed for pre-K, grades 1, 3, 4, 5 and middle school. Also, parents are asked to take a turn as a classroom "Pal" who helps occasionally as needed with special needs or projects. Call Donna Haberland or Anita Damon in the church office 920-733-2303. They'll help you explore ways to serve.



2010-11 FELC YOUTH MINISTRY RELEASE FORM
This form must be on file for participation in ministry events and trips.

Name: _____ Grade: _____

My child (listed as listed) has my permission to participate in all activities and trips sponsored by First English Lutheran Church from **May 1, 2010 - April 30, 2011.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff, volunteers, or adults who are 18 years of age or older, of any liability against personal losses of named student.

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the First English Lutheran Church. I understand that there are inherent risks involved in any ministry or youth event, and I hereby release the First English Lutheran Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the First English Lutheran Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I agree to send my youth to this event only if he/she is in good physical condition. I also agree to bring my child home at my expense should they become ill or if deemed necessary by the youth ministries staff member. I give my child permission to be transported by First English Lutheran Church youth staff, volunteers, or designates and hereby do not hold said staff, volunteers, or designates liable for injuries sustained if an accident occurs.

Pictures of youth activities may be used on the First English webpage or First English Family & Youth website or related social media sites. Your child may be in one or more of the pictures. By signing below, you give permission for the pictures to be used on the website or social media sites. If you do not want pictures of your child used, please check the box below.

PHOTO RELEASE ___Yes ___No ____ (initial) **TRANSPORTATION RELEASE** ___Yes ___No ____ (initial)

Signature of Parent/Guardian _____ Date _____

A copy of this form is given to any and all FELC staff and/or volunteers who may work with your child in ministry. The sole purpose of the lower section of this form is to aid in medical treatment of your child. Information is only shared with trained and licensed medical professionals and their associates.

EMERGENCY INFORMATION	
Parent(Guardian) Name	_____
Phone	_____ Cell _____
Address	_____
Emergency Contact	_____
Phone	_____ Cell _____
Relationship	_____
Physician's Name	_____ Phone _____
Insurance Carrier	_____ Policy # _____
List current medications	_____
List allergies	_____
List health problems that a physician should be aware of if any treatment is needed:	_____
Date of last tetanus shot:	_____