



Pre-Registration Form

Zion Lutheran Church
330 Griswold, Elgin, IL

Vacation Bible School

June 10-14, 2019

9:00 am—12:30 pm

FREE program
open to children

Age 3—Grade 6



“... Seek justice, rescue the oppressed, defend the orphan, plead for the widow...” - Isaiah 1:17

Peace Camp Daily Schedule

9:00 – 9:30	Arrival: on-site registration / games / breakfast snacks
9:30	Large group story telling and singing
10:00	Small group theme development & play time
11:00	Large group “peace projects”
11:30	Group closing & transition to Summer Lunch Program
12:00	PEACE TIME to read, make art or just play!
12:30	END / Pick up time is 11:30—12:30

Zion Lutheran Church

“We are grounded in Christ and sent to be a blessing!”

zionelgin@yahoo.com

www.zionelginil.org

847-888-2882

2019 ZION PEACE CAMP PRE-REGISTRATION FORM

Please print neatly. Complete this form and send it to zionelgin@yahoo.com or drop off at (or mail to) Zion Lutheran Church, 330 Griswold, Elgin, IL 60123. Please direct questions to Dianha Ortega-Ehreth at dianhae@gmail.com or call Zion at 847-888-2882. Please fill out ONE FORM PER CHILD.

NAME OF CHILD: _____

Age (as of June 10, 2019): _____ Date of birth: _____ Grade just completed: _____

Address: _____ State/Zip: _____

Parent / Guardian Name: _____ Cell phone number: _____

E-mail address: _____ Parent / Guardian lives at same address as child? _____

If no, what is the parent / guardian's address: _____

1st Emergency contact name (if parent/guardian is not available): _____

Relationship to child: _____ Cell phone number: _____

2nd Emergency contact name (if parent/guardian and 1st emergency contact is not available): _____

Relationship to child: _____ Cell phone number: _____

Does the child have any special medical needs? (food allergies, medications, etc...) _____ no _____ yes If yes, please explain in detail:

Please read and INITIAL if you approve any of the following:

_____ My child has permission to walk to Peace Camp at Zion Lutheran Church and walk home after Peace Camp by him/herself.

_____ I or someone in my family will pick up the child from Zion (pick up time is anytime between 11:30 am and 12:30 pm). The people who are allowed to pick up my child (must be over age 18 and show identification at pick-up):

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ I will allow Zion Lutheran Church to take photos of my child only for purposes to promote children's ministries.

_____ I will NOT allow Zion Lutheran Church to take photos of my child for any reason.

_____ I give consent to and authorize Zion staff (or hospital medical personnel) to treat my child in case of a medical emergency.

I hereby give permission for my child named above to participate in Zion Lutheran Church's Peace Camp program and confirm that all the information above is correct.

Signature of Parent: _____ Date: _____