

# Terrific Thursdays: "God's Love Is Everywhere!"

Vacation Bible School at South Joplin Christian Church

1901 S. Pearl Avenue, Joplin, MO (417) 624-2522

Children from three years old through those who have completed 5<sup>th</sup> grade are invited to join us for **three** Thursdays of learning, service, and fun from 9 am-2pm on July 20, 27, and August 3.

To register, please fill out the form below, mark the weeks on which your child will participate, and sign the permission/release of liability form. Pre-registration is much appreciated.

Child's name: \_\_\_\_\_

Age and or grade completed: \_\_\_\_\_

Allergies/medical concerns: \_\_\_\_\_

Address: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My child will participate on the following days:

\_\_\_ July 20 We See God Through Acts of Service

\_\_\_ July 27 We See God in Others

\_\_\_ August 3 We See God in Unexpected Places

All parents are most welcome to accompany us on our afternoon fieldtrips.

Lunch and snacks will be provided. Donations to offset their cost are greatly appreciated.

**On July 20** children are asked to bring items for emergency bags for displaced persons, such as trial size hygiene items, clean socks, energy bars, comb, bandana, etc.

We recognize that five hours may be a very long day for a pre-schooler. If you plan to pick up your little one before noon when we leave for the field trip, please let us know when he/she arrives in the morning.

I give permission for the above named child to participate in VBS at South Joplin Christian Church. I release South Joplin Christian Church (Disciples of Christ), its staff and volunteers from any liability and take on full responsibility for all risk of personal injury or damage as a result of my child's participation. Understanding that all efforts would be made to reach me in case of emergency, I also give permission to supervising adults to secure and authorize medical treatment for my child if necessary.

Parent/Guardian Signature: \_\_\_\_\_