

Dear Parents,
Greetings from Joy Lutheran Church, Prescott United Church of Christ, and St. Johns United Church of Christ!

Our churches are planning an exciting opportunity for Christian growth. We're quite sure that your children will want to participate. It is called VBS Day Camp!

VBS Day Camp is Vacation Bible School offered in partnership with Luther Park Bible Camp. It will take place at Joy Lutheran Church. Luther Park counselors will essentially bring the camp program to us. It is a program set up to serve elementary aged children in our community.

The Luther Park staff will be leading the program along with some volunteers from our churches. The youth will be involved in Bible studies, arts & crafts projects, singing, recreational activities and more!

Day Camp will be held at Joy Lutheran Church the week of **July 26-July 30.**

The daily schedule is:

Kids 1st thru 6th grade will be Monday – Thursday, 9am to 2:30pm;
Friday, 9am to 12pm.

4 years thru Kindergarten will be Monday – Friday, 9am to 12pm.

Children who will be here all day are asked to bring a sack lunch.

Prayerfully consider this exciting opportunity for your children. Please return the registration form as soon as possible. THANKS!

Keepers of the Earth
Vacation Bible School
Camp Style
July 26 – 30, 2010

JOY LUTHERAN CHURCH
1435 Saint Croix St.
Prescott
262-5800

**PRESCOTT UNITED
CHURCH OF CHRIST**
206 Locust St.
Prescott
262-5668

**ST. JOHN'S UNITED
CHURCH OF CHRIST**
N5496 Cty. Rd. QQ
Prescott
262-5656

**We welcome all people who
are interested in sharing and
learning about God's Love!**

PARENT VOLUNTEER

- I would like to be a Day Camp Volunteer.
- I would like to have the Day Camp team to my home for supper.
- I will pack sack lunches for the Day Camp team members one day.
- I would like to have # _____ members of the Luther Park team stay at my home.

PERMISSION AND MEDICAL AUTHORIZATION

(Name(s)) _____
(Age, Grade) _____ has/have my permission to take part in the VBS Day Camp led by Luther Park Bible Camp. I hereby authorize any recognized adult leader of the event to give permission for medical treatment after consulting a medical doctor, and making every attempt to contact me as soon as possible. I retain responsibility for any and all bodily injury, loss or damage of personal property while enroute to, from, and during Day Camp.

(Signature of parent/guardian)

(Date)

(Emergency phone #)

MEDICAL INFORMATION:

Special instructions (medications, allergies, etc.)

Doctor's name _____ Phone _____

Insurance Carrier _____