

Lighthouse Christian Church presents



This summer's VACATION BIBLE SCHOOL will focus on Jesus, our Rock, who welcomes us into his family. VBS will be at Phantom Lake Elementary School (1050 160th Ave. SE, Bellevue 98008), **July 20 - 24 (M-F), from 9:30 a.m. – noon.** Children age 3 through current 4th graders (as of June 2009) are welcome to attend. Space is limited.

Be sure to reserve Friday evening at 7:00pm when we will highlight the week's activities

To reach a VBS staff member or your child during VBS, you may call any of the following numbers:

To mail your registration to the church office, please use the following address:

Lighthouse Office: (425) 467-5848
 Patti Yonemura: (425) 260-2438 – cell
 Mei-Ling Miyake: (206) 550-4925 – cell

Lighthouse Christian Church
 1555 132nd Ave. NE, Suite A
 Bellevue, WA 98005

Please keep the top portion and return the completed tear-off portion (below) to a VBS Registrar.



*(please complete **FRONT AND BACK** clearly and legibly)*

Parent's Name: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 Work: _____ Cell: _____ Pager: _____

Emergency Information during VBS:

If an emergency arises and we are unable to reach you, whom would you like us to contact?

Emergency Contact: _____ Relationship: _____
 Home: _____ Cell: _____ Other: _____

Child's Name	Grade in Sept.	Age	Birthday	Allergy/Health Conditions	Comments

**Lighthouse Christian Church
Permission and Release**

(This form will only be in effect from July 20-24, 2009)

I give permission for medical care to be administered to my child in the event of an emergency (serious bodily injury or a life-threatening condition) and I agree to be financially responsible for my child's medical care. I understand that in the event of an emergent medical situation, church officials may elect to ask that my child be transported by ambulance or similar means and when and if this occurs, I agree to be financially responsible for the cost of such transport.

With the understanding that this release does not extend to injury caused or contributed to by the negligence of church officers, agents or employees, I release Lighthouse Christian Church and its officers and agents from any liability by injury or accident.

Name of parent/guardian
(please print clearly)

Parent/Guardian Signature

Date: _____

Family Doctor: _____ Phone: _____

Medical Insurance Carrier: _____ Policy/Group No. _____

Name, age, and personal information of children as to whom permission is given.

_____ Child's name	_____ Child's age	_____ Special needs or medical considerations applicable to this child
_____ Child's name	_____ Child's age	_____ Special needs or medical considerations applicable to this child
_____ Child's name	_____ Child's age	_____ Special needs or medical considerations applicable to this child
_____ Child's name	_____ Child's age	_____ Special needs or medical considerations applicable to this child