

Stellar – Shine Jesus’ Light

VBS 2023 at Hope Lutheran



At Stellar VBS, kids explore how Jesus shined hope, love, forgiveness, and joy to the world—and how we can do the same with his power! Stellar is filled with awesome Bible-learning experiences kids see, hear, and touch! Team-building games, unforgettable Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life.

WHERE • Hope Lutheran
700 S Superior St.
De Pere, WI 54115

COST • Each student will receive a t-shirt. Therefore, we request a donation of \$10 per child, payable to Hope Lutheran Church. Please note sizes of shirts: Youth Extra Small, Small, Medium, Large; or Adult: Small, Medium, Large

WHEN • July 30 - August 3,
Sunday to Thursday,
5:30-8:00pm

THURSDAY FINALE • This will be an abbreviated night with songs, a Bible message, and special activities for the whole family! Parents, plan on joining us! More details to follow.

WHO • Kids age three (potty trained) through 4th grade (completed)

ENROLL NOW by June 25 by returning this form to Kim T or Hannah at Hope or to the registration station at church. Register by June 4 to receive a music CD or digital download of the music (mark your preference below).

OTHER • We have a “VIP” area for families to come during our closing. Join us at 7:40pm each night to hear about the Bible message of the day and sing songs.

Name (First, Last)	Birthdate	Age	Grade Just Completed	T-shirt Size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian

Street Address

City, State Zip

Home Phone

Home Church

Cell Phone

Text

Yes / No

Email

Music Format Preference: Physical CD Digital Download Code

For further information, contact Kim T at 360-1401 or Hannah at 336-9843.

Due to COVID, understand that there is an inherent risk by enrolling in VBS. Health precautions and guidelines will be taken seriously.

Complete reverse side



MEDICAL RELEASE / LIABILITY FORM

For the child(ren) listed individually on the front page of this sheet

Parent/Guardian's Name

Parent/Guardian's Home Phone

Work Phone

Cell Phone

Please list any allergies

Are there any medical conditions we need to be aware of?

Please note: This is for information/records purposes only. Please communicate any allergies or medical conditions verbally to your child(ren)'s teacher the week of VBS. Thank you.

EMERGENCY INFORMATION

Health Insurance Co.

Policy #

Name of other person to contact

Relation to child

Address

Home Phone

Work Phone

Family's Doctor's Name

Phone

In consideration for being accepted by Hope Lutheran Church for participation in Vacation Bible School, we (I) being 21 years of age or older, do for ourselves (myself) (and on behalf of my child(ren)-participant(s) if said child(ren) is (are) not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Hope Lutheran Church and the directors thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child(ren)-participant(s) that occur while said child(ren) is (are) participating in the above activity.

Furthermore, we (I) agree (and on behalf of our (my) child(ren)-participant(s) if under the age of 21) hereby assume all risk of personal injury, sickness or death, damage and expense as a result of participation in recreation and various activities throughout Vacation Bible School. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by

said church as the result of negligent, willful or intentional acts of said participant, including expense incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this (these) participant(s), and hereby grant our (my) permission for him (her) (them) to participate fully in Vacation Bible School and hereby give our (my) permission to take said participant(s) to doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the cost of medical bills, if any.

We (I) have read the above statement and we (I) are (am) in full agreement.

SIGNATURE

DATE

WEBSITE / PHOTO PERMISSION

I hereby grant permission to Hope Lutheran Church, De Pere, Wisconsin to use my image on its website or other church related websites or in other church publications without further consideration. Permission is also granted to use images of my child(ren) listed above. I understand that no names will be used on the website or in publications unless specific permission, verbal or written is given to an appropriate staff member.

I understand that once any image is posted to Hope's website or the related websites, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent or guardian of the child(ren) listed on this form.

This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to Hope Lutheran Church.

- I do grant permission for my photo or my child(ren) to be used in this manner.
- I do NOT grant permission for my photo or my child(ren) to be used in this manner.

Group photographs do not require consent before publication.

If you have questions regarding this policy, please contact secretary at hopedeperesecretary@gmail.com