



1500 W Elmdale Chicago IL 60660  
773-743-1820

## The Life and Times of Jesus

### VACATION BIBLE SCHOOL

Monday, June 26<sup>th</sup> to Thursday, June 29<sup>th</sup>, 2017

#### Times:

**12:30 PM Optional FREE Lunch Provided by Catholic Charities**  
**1:00 pm - 4:00 pm Fun Class Time**

We will learn the exciting stories of God's people via drama, story, crafts, music, play, recreation and snacks.

We have an exciting week planned ending with a program and ice cream social, on Thursday June 29<sup>th</sup> at 2:45 pm.

We are hoping that you will be able to return on Sunday, July 2nd, 2017 for our worship service at 10:30 am. We would like to have the children sing during worship.

Return completed registration form (next page) to Immanuel Lutheran Church. You may drop it in the offering plate on Sunday or mail it to the church office, attn: VBS, Immanuel Lutheran Church, 1500 W Elmdale, Chicago, IL 60660. 773-743-1820.

[www.churchonelmdale.org](http://www.churchonelmdale.org)

[email:churchonelmdale@gmail.com](mailto:churchonelmdale@gmail.com)



Immanuel Lutheran Church  
Vacation Bible School

## The Life and Times of Jesus

Monday June 26th to June 29th, 2017

Times:

**12:30 PM Optional FREE Lunch Provided by Catholic Charities**

**1:00 pm - 4:00 pm Fun Class Time**

Sign up now to attend Immanuel's VBS 2017, *LIFE AND TIMES OF JESUS*. The children (ages 3 years through 6<sup>th</sup> grade) will be a part of a "Family Group" with activities including Bible study, plays, storytellers, singing, dancing, and crafts.

Children 3-4 years **must** be accompanied by an adult or older sibling.

| Registration Form   |            |                        |
|---------------------|------------|------------------------|
| Child's Name: _____ | Age: _____ | Grade completed: _____ |
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Parent's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Emergency contact if parent is not reachable:**

Name: \_\_\_\_\_

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

Home Church: \_\_\_\_\_

**Parents, would you volunteer to help for any of the following activities?**

\_\_\_\_ Group Leader      \_\_\_\_ Assistant Group Leader

\_\_\_\_ Craft Worker    \_\_\_\_ Craft Assistant    \_\_\_\_ Storyteller    \_\_\_\_ Actor

\_\_\_\_ Other (please specify) \_\_\_\_\_

My child has allergies or a medical condition you should know about:

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It is the goal of Immanuel Evangelical Lutheran Church to provide a safe and secure environment for children, youth, adults, members, volunteers, visitors, and paid staff. It is our policy to ask permission to photograph activity participants in order to share the events with our community via electronic media as well as the promotion of future events.

“By signing below I acknowledge that my child/children may be photographed during Immanuel Evangelical Lutheran Church Vacation Bible School activities and that the pictures may be used in electronic or print media at the church’s discretion.”

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Signed

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Date