

VACATION BIBLE SCHOOL GROWING IN GOD



JUNE 26-30

**FOR KIDS ENTERING
K-3RD GRADE**

CAMP WAKONDA, MILTON

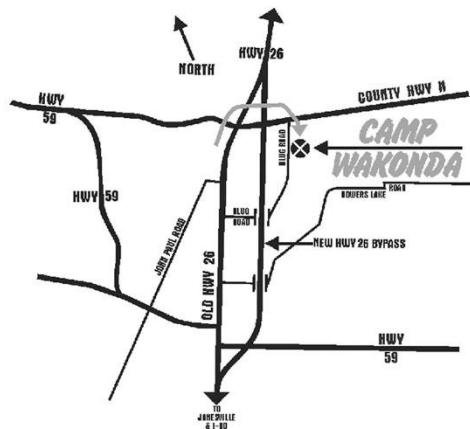
Register by June 23. \$10 for the first child in each family and \$5 for each additional child.

Camp Wakonda is about 4 miles north of Milton at the corner of Klug Road and County Road N

Meet at The Connecting Church - Milton Seventh Day Baptist at 720 E Madison Ave at 12:15 PM



The children will be transported out to Camp Wakonda and be returned at 3:45 PM each day.



Parents can transport their child to and from camp. Be sure and check the box on the application

A ministry of
the connecting church
Milton Seventh Day Baptist

Camp Office - 608-868-6025
Church Office - 608-868-2741

2017 Vacation Bible School Registration Form

Please fill out one form for each child attending.

If registration is received after the June 23rd deadline, it will be accepted as space allows.

Child's name: _____ Grade entering in the fall: K 1st 2nd 3rd (circle one)

Parent/Guardian name: _____

Child's address: _____

Phone numbers: (1) _____ (2) _____

(3) _____ (4) _____

Parent Email: _____

My child would like to be grouped with his/her friend. _____ (name of friend)

Camp T-shirt size:

Child: S M L XL Adult: S M L XL

Emergency Contact if parent can't be reached:

Name & relationship to camper: _____

Emergency person's phone number: _____

Transportation:

I give permission for my child to be transported by bus each day.

I will be transporting my child to and from camp each day.

Others allowed to transport and pick up my child are _____

Medical Information:

Child's physician: _____

Insurance provider: _____ Policy #: _____

Check all that apply:

My child is allergic to bee stings and will be bringing his/her own EpiPen.

My child has the following allergies: _____

My child is vaccinated.

My child has asthma and will be bringing his/her own inhaler.

My child has _____ and will be bringing his/her own treatment _____

In case of medical emergency or injury I hereby grant permission for Camp Wakonda staff to transport my child by bus or personal vehicle to a nearby medical facility for appropriate medical attention.

Photography: Occasionally images are taken of children/youth participants during church ministry related activities. By signing below you are giving permission to use these photos/videos for a variety of church purposes including the church website, newsletters, church presentations, worship, as well as in local media such as newspapers. No identifying information regarding your child will be shown. Pictures and videos will not be sold. Campers are expected to cooperate with requests made by photographers/videographers. (If you do not want to authorize this, please see the church office for an alternative form.)

Cost if registered by June 23rd: \$10/child (\$5 each additional child in immediate family)

Cost if registering on opening day: \$20/child (\$10/each additional child in immediate family)

Amount Due: _____

Make checks payable to Milton SDB Church and mail to Milton SDB Church, 720 E. Madison Ave. Milton WI 53563

Parent/Guardian Signature: _____ **Date** _____