

# VACATION BIBLE SCHOOL

**THIS SUMMER!**

**July 31<sup>st</sup> – August 4<sup>th</sup>  
6:00 pm – 7:45 pm**



Elk Grove Church of Christ  
2601 West Taron Drive, Elk Grove, CA 95757  
(Stone Lake Shopping Center, Across from Oz BBQ)

Join us for a fun-filled week of Bible-based, age-appropriate content focused on the Superheroes of the Bible! Our theme is **“Jesus is my Superhero”!**

This is going to be a fun and uplifting week for kids entering grades K through 6. Kids will make **new friends**, listen to **Bible Stories**, learn and **sing songs**, enjoy healthy **snacks**, make **crafts**, and play fun **games!**

Our aim is to equip your kids with confidence and help them connect to God’s word in a safe, creative, and fun setting! Let the message of Christ fill their hearts with love as they spread His message with their friends and family!

- **Fill out the attached registration form and drop it off at our Church on Sunday July 23<sup>rd</sup> from 12pm-2pm**
- Download more registration forms from our website:  
[www.egchurchofchrist.com](http://www.egchurchofchrist.com)
- **ALL ARE WELCOME!!** This is a **FREE** event! Share this flyer with your neighbors, friends, and family!

**Contact Shi Boykin at 916-628-9783 for more information**  
[www.egchurchofchrist.com](http://www.egchurchofchrist.com)

# Vacation Bible School Registration

## Jesus is my Superhero

**VBS Dates:** 07/31/17 - 08/04/17 - 6:00 pm - 7:45 pm

**Location:** Elk Grove Church of Christ - 2601 W Taron Ct, Elk Grove, CA 95757(across from OZ BBQ)

Child's Name: \_\_\_\_\_ (One form per child please)

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact's Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Alternate Phone:(\_\_\_\_\_) \_\_\_\_\_

Food Allergies:  Yes  No - If yes, list: \_\_\_\_\_

Medical Concerns:  Yes  No - If yes, explain: \_\_\_\_\_

Siblings Attending VBS (Names and Ages):

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Person(s) Name(s) Who May Pick up the Child:

1. Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the chance to have fun at the same time that they learn!

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_