



“SonRock Kids Camp”

**Where Kids Build Their Lives on the Rock: Jesus
VBS 2010**

July 26 - July 30, 2010

At *SonRock Kids Camp* your kids will experience an adventure camp like no other! Children will have a great time singing songs, watching skits, creating crafts and playing games. But most important, they will learn how their lives can be

transformed by God’s great love for them. At camp the children will learn that we are “*Accepted by Jesus*”, “*Protected by Jesus*”, “*Saved by Jesus*”, “*Forgiven by Jesus*” and “*Living for Jesus*”.

We are looking forward to sharing this exciting event with the children in our church and in our neighborhood. We hope that you will join us at VBS this summer starting Monday July 26, 2010 through Friday July 30, 2010. There will be classes for everyone between the ages of 4 and Grade 6. Sessions run from 9 A.M. until noon each day.

Register Today! Join us for a fun filled week at *SonRock Kids Camp*. Fill out the form, and turn it into the church office with your \$5 donation per kid, or a maximum of \$15 per family. Don’t forget to bring friends!

Would you like to be a volunteer at the most exciting week of the summer?
Contact Patty Hart, VBS coordinator, at 553-4419, to become involved.

Please try to get your registration in about 2 weeks before VBS so that we can better plan for how many we will have at Kid’s Camp

+++++

**Immanuel Lutheran Church
VBS Registration**

JULY 26 - 30 Suggested Donation \$5 per child, a maximum of \$15 per household

Name _____ Phone _____

Address _____ Zip _____

Birthdate _____ Age _____ School Grade just completed _____
(Must be age 4 by June 1, 2010)

Parent Name _____ Daytime Emergency Phone # _____

Parent’s Church _____ Other Emergency Phone # _____

Medical concerns that VBS staff needs to know about: _____

I give permission for my preschool to Grade 6 child to go for supervised walks off the church site during Bible School. In case of emergency, if I am not able to be reached, I hereby give permission for an agent of Immanuel Lutheran Vacation Bible School to authorize necessary medical treatment for my child.

Parent/Guardian Signature _____