

Vacation Bible School 2021
AUGUST 2 - 5 (Monday thru Thursday)
9am - Noon and Family Night on
Thursday, Aug 5th 6:30pm

Cross of Glory Lutheran Church
14719 W 163rd St, Homer Glen, IL 60491
(708) 301-6998 www.CrossofGlory.com

FROZEN IN AUGUST

VBS

4 yr old thru 5th Graders

(Must be 4 by July 1st)

Registration Spaces Limited!

\$10 per child

**Cross of Glory invites all the children to our Vacation Bible School –
FROZEN IN AUGUST VBS**

The kids will gather up for an over-the-top adventure as each day's activities will focus on the *Frozen* movies. We are anticipating a really fun time and are super excited! So block out this week on your summer schedule and start telling your friends! One of our top priorities will be to keep the children and volunteers safe as we gather together. Masks will be required and will be taking all the precautions possible.

Kids will participate in memorable Bible-learning activities, sing catchy songs, play teamwork-building games, enjoy yummy pre-packaged snacks, experience one-of-a kind Bible adventures, Science-Fun & Crafts. An amazing four days of fun filled experience of God's Love.

HELP WANTED: Adults and teens! Come have the best time volunteering! Just mark on the registration form that you're interested to volunteer, or contact the church office. All volunteers are asked to attend a volunteer meeting. It is such a rewarding experience for all. **Masks will be required at all times and all eligible volunteers must be fully vaccinated!**

Spaces are limited even more this year due to health safety and will fill up fast!
Forms available at the church and on our website
www.CrossofGlory.com/vbs

Vacation Bible School
AUGUST 2 - 5 9:00 to Noon
Family Night will be
August 5th 6:30pm
Four Days of Adventure with
FROZEN IN AUGUST VBS

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14719 W 163rd Street, Homer Glen, IL 60491
(708) 301-6998 www.CrossofGlory.com
4 yr old (by July 1st) thru 5th Graders
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Child's Name #1: _____

Birthdate: _____ Grade Completed: _____ Age: _____ Shirt Size _____

Child's Name #2: _____

Birthdate: _____ Grade Completed: _____ Age: _____ Shirt Size _____

Parent's Name: _____ Volunteer: Yes _____ No _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ (We will send out notices through email)

****Please know your child may get a little dirty****

Emergency Contact Information:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Special Needs/Allergies – Please list any special needs or allergies for your child below. Please be specific. For example if your child is allergic to peanuts, can they have items processed in plants alongside nuts? You can add more names & details to the back of this form.

Child's Name & Details: _____

Who will be picking up your child, other than parents – Please list the name(s) of the individual(s) responsible for picking up your child(ren) at the end of VBS each day. You can add more names to the back of this form.

Name: _____ Relationship to Child: _____

***Permission to use child's photo for church website, facebook, and other outreach Yes _____ No _____

Parent's Signature: _____

**EACH CHILD MUST WEAR A MASK & BRING A BEACH TOWEL EACH DAY.
IF YOUR CHILD HAS ANY SYMPTOMS OF A COLD OR FEVER PLEASE KEEP THEM HOME.**

For CoG Office Only: Paid: _____ Check# _____ Cash: _____