



## ***Mighty Fortress***

### **Summer Camp/VBS**

At Mighty Fortress, kids learn that God is  
refuge and strength.

Our Camp is open to ages 3 y/o to 6th Grade  
\*(7th Grade and above can be helpers)

**July 17 to 21, 2016, 8:30 am to 11:30 am**

**For a sneak peek at the VBS, join us Sunday, July 16th at 10 am  
for worship service led by the VBS Barnabas Team**

*Come & spend time at the Festival Crafts  
Enjoy doing Tournament Games  
Eat yummy snacks at the Great Hall  
Sing & Dance to Majestic Music  
during the Mighty Fortress Opening & Closing Ceremonies*

We can't wait to see you here!

**Register by June 15th to ensure a spot**

Registration fee is \$25 which includes a T-Shirt!

To register: Call 760-722-3337, or e-mail [sandy@cloceanside.com](mailto:sandy@cloceanside.com).  
or get the forms on our website: [www.cloceanside.com](http://www.cloceanside.com)

Community Lutheran Church  
4507 Mission Avenue  
Oceanside, CA 92057

We are located between Old Grove Road and Frazee Road

**Community Lutheran Church  
Vacation Bible School Registration**

1<sup>st</sup> Child's Name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

Food allergies or Medical concerns Y\_\_\_N\_\_\_ List/Explain \_\_\_\_\_

**T-Shirt Size (Circle One) YOUTH: XS S M L or ADULT: S M L**

---

---

2<sup>nd</sup> Child's Name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

Food allergies or Medical concerns Y\_\_\_N\_\_\_ List/Explain \_\_\_\_\_

**T-Shirt Size (Circle One) YOUTH: XS S M L or ADULT: S M L**

---

---

3<sup>rd</sup> Child's Name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

Food allergies or Medical concerns Y\_\_\_N\_\_\_ List/Explain \_\_\_\_\_

**T-Shirt Size (Circle One) YOUTH: XS S M L or ADULT: S M L**

---

---

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Name of home church \_\_\_\_\_



**Parent/Guardian of a Minor  
Consent and Hold Harmless Form**

Name of Activity: \_\_\_ Vacation Bible School \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of Child (ren):

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell/work phone: \_\_\_\_\_

I, \_\_\_\_\_ (*print name of parent/guardian*), bring the parent or legal guardian of \_\_\_\_\_ (*printed name(s) of minor(s)*) have been informed of the above activity sponsored by Community Lutheran Church and Little Blessings Christian Preschool and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Community Lutheran Church and Little Blessings Christian Preschool, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities: \_\_\_\_\_.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

\_\_\_\_\_ HOME PHONE  
( )

\_\_\_\_\_ WORK PHONE  
( )

Permission to use photos on our website and in pamphlets.

Dear Parents:

Please sign this form to give Community Lutheran Church & Little Blessings Christian Preschool permission to place your child's photo on our website and / or pamphlets for advertising purposes. Please return as soon as possible. Thank you.

I give my permission to Community Lutheran Church & Little Blessings Christian Preschool to place photographs of my child(ren) \_\_\_\_\_ on the website and / or pamphlets for advertising purposes.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_