

Vacation Bible Camp

Wizards and Wonders - A Hero's Journey with Harry Potter



at All Saints' Church in Millington

Sunday, June 24–Thursday, June 28
6:00-8:30 pm

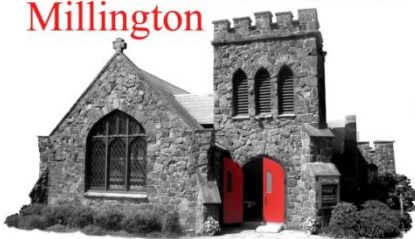
This is an inter-generational Christian experience for kids, adults, and families...and at a new evening time slot, starting with a simple dinner. Invite your friends and neighbors!

The program is open to anyone age 6 and older. **The cost is \$60 per family for the week.** For more information please contact Alison Siener Brown (Director of Music at All Saints'): asienerbrown@gmail.com or call the parish office at 908-647-0067.

Bible stories that are part of this program:

- Moses is called by God (Exodus 2-4)
- Jesus calls his disciples (Matthew 4, 9, 10)
- One body, many parts (1 Corinthians 12-13)
- Elijah and the still, small voice of God (1 Kings 19:9-15)
- The temptation in the wilderness (Matthew 4, Mark 1, Luke 1)
- The Resurrection (The Baptismal Covenant)

All Saints'
Millington



All Saints' Episcopal Church
15 Basking Ridge Road
Millington, NJ
www.allsaintsmillington.org
allstsmill@hotmail.com
(908) 647-0067

Registration form is on the back of this flyer.

Vacation Bible Camp

Please send one registration form per child or adult, plus the fee by **June 1, 2018** to:
Vacation Bible Camp, All Saints' Church, 15 Basking Ridge Road, Millington, NJ 07946

Name _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

If registering children, please fill out all the below:

Child's Grade just finished _____ Birthdate _____

Mother's Name _____ Father's Name _____

Doctor's Name and Phone Number: _____

Insurance Card Name and Number: _____

Date of Last Tetanus Shot (month/year) _____

Emergency Contact Name/Phone #: _____

and Relationship to child _____

Any physical handicaps, allergies or ongoing medication? _____

Other Comments/Special Needs

I give permission for my child to attend the All Saints' Vacation Bible Camp, June 24-28, 2018
In the event of a medical emergency and I cannot be reached, I give permission for my child to
be treated at the nearest hospital or medical facility and I agree to hold All Saints' Church, staff
and volunteers harmless.

I hereby give permission for photos and/or video of me/my child taken during the event to be
used as follows: [Check boxes to give permission. You may leave both unchecked]

- For internal All Saints' Church use (posters or slide shows)
- For use on All Saints' Church website and Facebook page (no name will be given)

Parent/Guardian Signature _____ Date _____