Shepherd's Kids in Praise- SKIP

Please join us for a fun filled worship in the form of singing, teaching in a kid-friendly way, and other worshipful elements surrounding bible teachings. This VBS inspired time will help children grow together in faith and praise as we meet twice a month (2nd and 4th Thursdays from 5:30pm-7:30pm). We will provide a meal at 5:30pm in Fellowship Hall then begin our praise filled worship in the sanctuary with uplifting music and movements. We will go to break out sessions including a bible lesson, craft and game then reconvene for more spiritual music in the sanctuary to end our time together. An initial offering of $15 per child would be appreciated to help reduce the cost of materials and food.

Child's Name ____

M / F Age _______ Grade in Fall ________ E-mail Address _______________________

Street Address ______________________________City___________________

State ______ Zip_________ Phone ( ) ___________________

Parent/Guardian First and Last Name ____

✈ Member of SOTH ✈ Attend SOTH Before & After School ✈ Please send me info on your church

Allergies or other medical conditions. No____ Yes____ (If yes, please fill out the health form on back.)

Emergency Contact: Name ____

Phone #: _______________________

I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the above-named child. In the event of an emergency, paramedics and parents will be called immediately.

Parent/Guardian Signature _______________________________________ Date _______

I give permission for Shepherd of the Hills to use photos of my child taken at VBS for promotional purposes.

Parent/Guardian Signature _____________________________________ Date_______

Please contact Youth & Family Director Heather Castaing with any questions: hcastaing@shepherdofhills.org Shepherd of the Hills Lutheran Church 404 N. Green St. McHenry, IL 60050 815-385-4030

Shepherd of the Hills SKIP Program
Allergy/Medical Condition Information
Please complete one for each child

Child's Name: ____

Parent Name: ____

Age: _______________ Height:________________ Weight: _________________

Phone Number: ____

Emergency Contact: ____

Emergency Phone: ____

Is your child allergic to any food? Yes No

Allergic to: ____
What happens: ____
Treatment: ____
Does your child have other allergies? Yes No
Allergic to: ____
What happens: ____
Treatment: ____
Does your child have asthma? Yes No
Specify: ____
Treatment: ____
Limitations: ____
Does child have a medical condition? Yes No
Specify: ____
Treatment: ____
Limitations: ____
Is there medication that will be left at the church? Yes No
Name of Medication: ____
Dosage Instructions: ____
Please leave medication labeled with your child's name & instruction in the church office.
Physician Name:____
Physician Phone Number: ____

I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the abovenamed child. In the event of an emergency, paramedics and parents will be called immediately.

Parent/Guardian Signature: __________________________________ Date: __________

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