

Go Fish

Go Fish  
BACKSTAGE  
WITH THE  
BIBLE

# VACATION BIBLE SCHOOL

**Date:** July 26<sup>th</sup>-30<sup>th</sup>

**Place:** Westchester Lutheran Church and School  
7831 S. Sepulveda Blvd., Los Angeles, CA 90045

**Time:** 9 am– 12 pm **ONLY**

**Cost:** \$25 a day

**\*If student is signed up for WLS Summer camp this week, VBS is included**

Kids will be enjoying upbeat music, bible study, crafts, and snacks.

*Just a reminder, we continue to follow all Covid-19 protocols and precautions;*

*Masks will be worn, temperatures taken and practicing social distance.*

*\*Subject to change based on Public Health Department requirements.\**

## To Register:

**\*Fill out Registration Form on the back**

**\*Email: [kmartinez@wlcs.org](mailto:kmartinez@wlcs.org)**

**\*Call the office (310) 670-5422 and speak with Karina**



WESTCHESTER  
LUTHERAN  
CHURCH & SCHOOL

A Vacation Bible School

**EXPERIENCE!**

# Registration Form



Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Siblings Attending? (Please include their names and ages on the line below:

\_\_\_\_\_  
\_\_\_\_\_

If student is signed up for WLS Summer Camp on July 26<sup>th</sup>-30<sup>th</sup>, **DO NOT FILL THE REST**

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Special Needs/Allergies/Other Concerns \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## Payment Information

\$25 a day from 9 am-12 noon

\* A late pick up fee of **\$15** will be charged after 12:00 pm each day

I will be paying by:

Check: # \_\_\_\_\_

Cash (go to office)

Online

ACH



Any questions please contact Karina Martinez  
(310) 670-5422 or [kmartinez@wls.org](mailto:kmartinez@wls.org)



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## VIDEO/PHOTO RELEASE FORM VBS 2021

I hereby give Westchester Lutheran Church & School permission to use images of my child captured during Vacation Bible School/Summer Camp events through video and digital camera photo, to be used for the school website, local newspaper, marketing materials, and a closed social media group and waive my rights of compensation of ownership thereof.

Child(ren) Name (s) \_\_\_\_\_  
\_\_\_\_\_

- Yes, you have my permission.
- No, you do not have my permission.

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

Signer Relationship to Child(dren) \_\_\_\_\_

