



*Jubilee Community Church
2009 Vacation Bible School
Camp E.D.G.E. "Experience & Discover God Everywhere"
Curriculum*

Session 1 – Monday

- **Trek to the Promised Land**
- **Scripture Checkpoint: Do not fear, for I am with you, do not be afraid, for I am your God. (Isaiah 41:10)**
- **E.D.G.E. Pledge: God is with me. I will stay close to God.**

Session 2 – Tuesday

- **Trek to Bethlehem**
- **Scripture Checkpoint: I am the Lord your God, who teaches you for your own good, who leads you in the way you should go. (Isaiah 48:17b)**
- **E.D.G.E. Pledge: God guides me. I will follow.**

Session 3 – Wednesday

- **Trek to the Pharisee's House**
- **Scripture Checkpoint: You call me Teacher and Lord – and you are right, for that is what I am. (John 13:13)**
- **E.D.G.E. Pledge: God teaches me. I will learn.**

Session 4 – Thursday

- **Trek to the Upper Room**
- **Scripture Checkpoint: This is my commandment, that you love one another as I have loved you. (John 15:12)**
- **E.D.G.E. Pledge: God loves me. I will love God and others.**

Session 5 – Friday

- **Trek to Galilee**
- **Scripture Checkpoint: And he said to them, "Go into all the world and proclaim the good news to the whole creation." (Mark 16:15)**
- **E.D.G.E. Pledge: God sends me. I will go.**



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Participant Information Sheet

Name _____ Age (only if under 18) _____

Home Address _____

Telephone Number _____

Emergency Contact and Telephone Number _____

Allergies _____

Additional information your child's instructor needs to be aware of.

Prayer Request



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Emergency Medical Form*

Child's Name _____

Age _____ Date of Birth _____

Allergies (foods, drugs, animals, other: be specific): _____

Medications Now Being Taken: _____

Parent or Guardian Names: Street Address _____

City: State: Zip: _____

Home Phone: _____

Daytime Phone #1: _____ #2: _____

ALL Other Pertinent Phone Numbers (pager, car phone, cell phone):

In of In the event of an accident or emergency, this information must be accessible. Please complete both pages of this Emergency Medical Form. Please be sure this form have been completed.

Please copy and fill out a separate set of forms for each child. Your child will not be registered without a completed application and emergency medical form.

Page 2 – Jubilee Community Church VBS Emergency Medical Form

In Case of an Emergency, Please Contact: _____

Child's Physician and Phone: Dentist's Name and Phone: _____

Preferred Hospital or Clinic: _____

Insurance Carrier: ID Number: _____

In the event reasonable attempts to contact me at _____, or another parent or guardian at _____, If you have been unsuccessful, I hereby give my consent for the administration to give any treatment deemed necessary by preferred physician _____ at _____ (phone) or in the event the designated preferred practitioner is not available, by another licensed physician. I authorize transfer of my child to the preferred hospital, or any other care facility reasonably accessible.

Signature and Date _____