



VACATION BIBLE SCHOOL REGISTRATION

June 7-11, 6 PM – 8:15 PM

One form per child, please.

Child's Name: _____

Date of Birth: ____/____/____ (ages 2-4 MUST be accompanied by a parent or another adult)

Grade last completed: _____ Gender: Male Female

Allergies: _____

Medical Issues or Special Needs: _____

It would be nice if my child is placed in same group as (child's name): _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Additional People Who Can Pick Up the Child (names): _____

Emergency Contact: _____ Emergency Phone: _____

Home Church: _____

☐ I would like more information about St. Paul Lutheran Church and its ministry

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) at St. Paul Lutheran Church. I understand that the information I give for this registration will only be used by the VBS hosting church, and that my information will not be sold or distributed to any other entity.

Signature

