

Parent Form For St. Matthew, Walled Lake - VBS 2019

First Name

Last Name

Email

Address 1

Address 2

City

State/Province

ZIP/Postal Code

Country

Contact Phone 1

Contact Phone 2

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone

Home Church Affiliation

Comments

Photo/Social Media Release - CAN WE TAKE AND PUBLISH YOUR CHILD'S PICTURE WITH THE FOLLOWING UNDERSTANDING? The Registrant Has My Permission To Participate In St. Matthew VBS 2019. I Understand That When Participating In VBS Activities The Registrant May Be Photographed For Print, Video, Or Electronic Imaging For The St. Matthew Website And/or Facebook Account; Newspaper Articles, And/or Television Interviews; St. Matthew Promotional Materials/newspaper Articles; Twitter; Or The

Emergency Release - In Case Of An Accident Or Serious Illness, I Hereby Give Permission To St. Matthew Lutheran Church To Secure Emergency Medical And/or Emergency Treatment For The Above Name Minor Child While In Their Care.

LCMS MI District Publications. St. Matthew
Lutheran Church And School Does Not Publish Any
Identifying Information With These Photographs.

What Is Your Newsletter Language Preference?

Choose from: English, Japanese, Korean, Spanish

Child Form For St. Matthew, Walled Lake - VBS 2019

First Name

Last Name

Grade Leaving

Gender

Date Of Birth

All Participants Must Be At Least 3 Years Old By
June 1, 2019, And Be Potty Trained To Attend.
Please Indicate This Below.

Allergies

Medical Concerns

Do You Have A Friend You Would Like To Be
Placed With? If So, Who?

Comments