



# VACATION BIBLE SCHOOL REGISTRATION

## June 10-14, 5:45 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 a pastor to contact me about baptizing my child at St. Paul.
- 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

