

St. John Lutheran Church
VACATION BIBLE SCHOOL REGISTRATION

July 21-25, 2019 from 5:00-7:30 PM

Closing Program on Sunday, July 28th

1.) Child First Name: _____ Last Name: _____
Age: _____ Gender: Male Female Grade entering: _____
Allergies: _____
Medical Issues or special Needs: _____

2.) Child First Name: _____ Last Name: _____
Age: _____ Gender: Male Female Grade entering: _____
Allergies: _____
Medical Issues or special Needs: _____

3.) Child First Name: _____ Last Name: _____
Age: _____ Gender: Male Female Grade entering: _____
Allergies: _____
Medical Issues or special Needs: _____

Parent (s) Name: _____

Home Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

Alternate Pickup Name: _____ Alternate Pickup Phone: _____

General Information: _____

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) listed above.

Parent Signature

Date

