

St. John's Lutheran Church

2019 Vacation Bible School

Registration Form

Step 1: Adult / Parent / Guardian 1

First Name: _____
Last Name: _____
Relationship to child: _____
Email: _____
Phone: _____
Will you be participating in adult VBS? Y ___ N ___
If yes, T-Shirt size: _____

Adult / Parent / Guardian 2

First Name: _____
Last Name: _____
Relationship to child: _____
Email: _____
Phone: _____
Will you be participating in adult VBS? Y ___ N ___
If yes, T-Shirt size: _____

Step 2: Family Information

Address (primary residence of child): _____
City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Emergency Contact: _____ Emergency Phone: _____
How do you prefer to be contacted: Phone ___ Text ___ Email ___ Mail ___
Do you have a church you attend regularly? _____

How did you hear about Vacation Bible School? At church ___ Friend or Family member ___
Facebook ___ Other ___

Step 3: Individual Children's Information

1st Child First Name: _____ Last Name: _____
Birth Date: _____ Gender: Male ___ Female ___
Grade (fall 2019): _____ T-Shirt Size: _____
Medical Issues /Allergies of which we should be aware: _____

2nd Child First Name: _____ Last Name: _____
Birth Date: _____ Gender: Male ___ Female ___
Grade (fall 2019): _____ T-Shirt Size: _____
Medical Issues /Allergies of which we should be aware: _____

3rd Child First Name: _____ Last Name: _____
Birth Date: _____ Gender: Male ___ Female ___
Grade (fall 2019): _____ T-Shirt Size: _____
Medical Issues /Allergies of which we should be aware: _____

4th Child First Name: _____ Last Name: _____
Birth Date: _____ Gender: Male ___ Female ___
Grade (fall 2019): _____ T-Shirt Size: _____
Medical Issues /Allergies of which we should be aware: _____

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Step 4: Medical Release

I give my permission for the VBS staff to administer basic first aid to my child(ren) 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.

Parent / Guardian Signature: _____

Date: _____

Step 5 Photo Release

I hereby grant St. John's Lutheran Church permission to use photographs / videos taken at VBS of the minor child(ren) 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.

Parent / Guardian Signature: _____

Date: _____