



FAITH LUTHERAN CHURCH



VBS Registration

Child's Name: _____ (One form per child please)

Grade Completed: _____ Birthday: ____ / ____ / ____ Age: _____ Sex: M F

Parent's Name(s): _____ Email: _____

Home Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (____) _____

Siblings Attending VBS (Names and Ages):

- 1. Name: _____ Age: _____
- 2. Name: _____ Age: _____
- 3. Name: _____ Age: _____

Church Affiliation: _____ Church Membership At: _____

Friends attending with your child: _____

Person(s) Name(s) Who May Pick up the Child:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

HEALTH RELEASE: In case of emergency and in my absence, I give consent to any of the Faith staff to seek emergency medical treatment for the child(ren) named above. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable Faith, any of its employees, volunteers, or other representatives associated with providing or arranging emergency medical treatment for my child(ren).

Parent Signature: _____ Date: _____