

VACATION BIBLE SCHOOL REGISTRATION FORM
Our Redeemer Lutheran Church

Mother's name: _____

Father's name: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

Emergency contact person: _____ Phone #: _____

Alternate pickup person(s): _____

Family church: _____

Child's name: _____

Birth date: _____ Age: _____

School grade entering in the fall: _____

Allergies or other medical problems: _____

Child's name: _____

Birth date: _____ Age: _____

School grade entering in the fall: _____

Allergies or other medical problems: _____

Medical Release

I give permission for the VBS staff of Our Redeemer Lutheran Church 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's signature: _____ Date: _____

Photo Release

___ I grant permission for my child's picture without any other personal identifiers to be used in church publications, newspapers and/or on the church's public Internet site.

___ I do not grant permission for my child's picture to be used in church publications, newspapers and/or on the church's public Internet site.

Parent's signature: _____ Date: _____

Water Activities Permission

I, _____, give permission for my child(ren)

to take part in any and all water games and activities while attending Vacation Bible School.

Parent's signature: _____ Date: _____

(More specific information will be available during that week. **All children must wear a bathing suit and bring a beach towel to participate.**)