

**VACATION BIBLE SCHOOL REGISTRATION FORM**  
**Our Redeemer Lutheran Church & New Ipswich Congregational Church**

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family church: \_\_\_\_\_

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Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**School grade just completed:** \_\_\_\_\_

Allergies or other medical problems: \_\_\_\_\_

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Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**School grade just completed:** \_\_\_\_\_

Allergies or other medical problems: \_\_\_\_\_

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Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**School grade just completed:** \_\_\_\_\_

Allergies or other medical problems: \_\_\_\_\_

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Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give Our Redeemer Lutheran Church Vacation Bible School staff permission to treat my child for minor injuries and to provide for professional medical treatment in the event of an emergency if I cannot be reached.

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.**)