



**St John Lutheran Church – stjohnkramer.org**

**VBS 2017 Registration Form**

July 23-27 - 5:00-7:30p.m.

(Meal provided 5:00-5:30)

*Closing Sunday Program - July 30th*

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 Person 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: \_\_\_\_\_