

# REGISTRATION FORM

## VACATION BIBLE SCHOOL / AUGUST 12 & 13, 2014

Please complete a separate form for each child/camper.

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**Ages 5-14**

Grade Completed in Spring of 2014: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (Please Circle One)

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please Circle One) LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Concerns: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please Circle One) EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Medical Center Number: \_\_\_\_\_

Siblings Attending VBS: \_\_\_\_\_

People who may pick up your child: \_\_\_\_\_

E-mail (used for confirmation): \_\_\_\_\_

### PARTICIPATION IN ACTIVITIES

I, undersigned, hereby consent to participation of my minor child in the programs, activities and events of St Paul Lutheran, Granite Falls Vacation Bible School both on the church premises and at a off-site location, including transportation to and from such off-site location.

Parent / Guardian Signature: \_\_\_\_\_

### PUBLICITY RELEASE

I hereby give VBS leaders permission to photograph/film the child designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent / Guardian Signature: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNTIL THE ENTIRE FORM IS COMPLETED.**