

**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.**