



Bethel Lutheran Church VBS

July 14-18, 2019

Registration Form

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Last Grade Completed: _____

Name of Parents: _____

Home Address: _____

Home telephone: _____ Cell: _____

Home email address: _____

Name(s) of person(s) authorized to pick child up from VBS: _____

I give my child permission to walk home from VBS. _____
Parent signature

Allergies/Medical/Special Needs:

Please explain in detail any special needs, allergies, or medical conditions of which we need to be aware. Include symptoms to watch for, actions to be taken, specific instructions for the administration of any needed medications (including epi-pens) and follow-up procedures:

Emergency contact name & phone number: _____

Emergency contact relationship to child: _____

I give permission for my child's picture to be used for social media publicity for Bethel Lutheran.

I understand that the church will not display the child's picture along with his/her name.

Signature: _____