



# Holy Cross Lutheran Church VBS Registration Form Summer 2018

\*Enter Child's grade as of Fall 2018

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Allergies/ Medical conditions or other concerns: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Allergies/ Medical conditions or other concerns: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Allergies/ Medical conditions or other concerns: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact** (other than parents)

Name of person(s) who may pick up this child from church events.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Please see reverse side-----

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Allergies/ Medical conditions or other concerns: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

Allergies/ Medical conditions or other concerns: \_\_\_\_\_

\_\_\_\_\_

**Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child(ren) 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 grant permission for you to photograph and to use any or all such photographs (without names) as a part of any published products, related advertising, or displays in any and all media.

Yes No (Please circle)

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

\_\_\_\_\_  
Date:

We invite a free will donation per child to offset supply costs. Please do not feel obligated to donate. We happily welcome all children. For safety reasons, all children must have a registration form on file.

**I'd like to help in our VBS as a:**

\_\_\_\_\_ **Teacher**

\_\_\_\_\_ **Helper**

\_\_\_\_\_ **Supplies or food items**