



REGISTRATION FORM

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Medical Release of Liability

Without being held liable for such actions, Peace Lutheran Church staff may obtain medical treatment for my child/children on my behalf. (Please sign your name and date.)

Name _____

Date _____

Photography and/or Video Recording Permission

As the legal parent or guardian of the child/children listed above, I grant my permission for my child/children to be photographed or video recorded as participants of the VBS program which may be posted on the Peace Lutheran Church website and/or Facebook Page. (Please sign your name and date.)

Name _____

Date _____

Will Parents be helping at VBS? Yes No If yes, what area? _____

Names of Siblings attending VBS: _____
