

**Bethany Free Lutheran Church**  
**Vacation Bible School Registration**

One form per child, please. Copies can be made for repeated information.

Child's name: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian names: \_\_\_\_\_

Home address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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

Emergency contact person: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone number: \_\_\_\_\_

Siblings attending VBS (names and ages): \_\_\_\_\_

\_\_\_\_\_

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

Did your child come to VBS as a guest of someone? Who is it? \_\_\_\_\_

Allergies (YES or NO) Explain: \_\_\_\_\_

Medication or other medical concerns (YES or NO) Explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a church home (YES or NO)? \_\_\_\_\_ Please write the name of the church and the city it is in.

\_\_\_\_\_

VBS Leaders have permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with the VBS program. (YES or NO)

Bethany Lutheran Church has permission to seek medical treatment for the minor designated above if necessary.

(YES or NO)

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_