

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: _____