

**VACATION BIBLE SCHOOL REGISTRATION**  
**St. Paul Lutheran Church, July 31-Aug 3, 2016**  
(One form per child, please)



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

Age: \_\_\_\_\_

Gender: Male Female

Grade entering: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

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

\*Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

General Information: \_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (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 hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. (Including Facebook – names are never published.) I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date