

MIRACULOUS MISSION

VACATION BIBLE SCHOOL REGISTRATION

(One form per child, please)



CALVARY LUTHERAN CHURCH – LCMS

1314 N. Michigan Street

Plymouth IN 46563

phone: 574-936-2903

www.calvarylutheranplymouth.org

*STUDENT FIRST NAME: _____

*STUDENT LAST NAME: _____

NICKNAME: _____

AGE: _____ GRADE JUST FINISHED: _____

GENDER: MALE FEMALE T-SHIRT SIZE (YOUTH): _____

HOME CHURCH (IF APPLICABLE): _____

ALLERGIES: _____

MEDICAL ISSUES OR SPECIAL NEEDS: _____

PLACE MY CHILD IN THE SAME GROUP AS (CHILD'S NAME): _____

*PARENT NAME (FIRST AND LAST): _____

*ADDRESS: _____

*CITY: _____ *STATE: _____ *ZIP: _____

*EMAIL: _____

*HOME PHONE NUMBER: _____

CELL OR OTHER PHONE NUMBER: _____

EMERGENCY CONTACT (FIRST AND LAST NAME): _____

EMERGENCY PHONE: _____

ALTERNATE PICKUP (FIRST AND LAST NAME): _____

ALTERNATE PICKUP PHONE: _____

GENERAL INFORMATION: _____

HOW DID YOU HEAR ABOUT OUR VBS? _____



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. 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.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent Signature Date