## **2022 Registration Form**

Vacation Bible School

## Sun, July 24th—Tues, July 26th

Snack: 5:30pm -6:00pm VBS: 6-8:30pm

3yrs (if parent stays)-7thGrade (just completed)

 $\underline{www.LutheranChurchScottCity.org}$ 

## **Location: Eisleben Lutheran Church**

432 Lutheran Lane, Scott City





(Office Use Box) Crew Leader:				_		
Circle Daily Attendance:	S	М	Т	W	R	

Student Nam	e	Age			
Gender:	Birth date	Grade completed spring of 2022:			
Student Hom	e Address :				
City / State: _		Zip			
Student E-ma	nil Address:	Student Cell Phone:			
Name of a sp	ecial friend your child might	like to be with:			
Names of Leg	gal Parent/Guardian 1				
Names of Leg	gal Parent/Guardian 2				
Parent/Legal	Guardian (s) Home Address	es: (if different than above):			
Parent/Legal	Guardian E-mail Address: _				
Parent(s)/Leg	gal Guardian(s) must be rea	chable by phone during the hours of VBS.			
Phone Numb	ers: Cell:	Home:			
Secondary En	nergency Contact Name, Re	lationship & Phone #			
face to face.	Only Legal Guardians listed	ardian listed above check in and check out with each child's "guide" above will have pick-up & drop-off permission unless specified in to travel to and from VBS on bike or foot?:			
Location whe	re a parent/legal guardian e	expects to be during the hours of VBS:			
Name of chur	rch you currently attend:				
How did you	hear about our Vacation Bib	ole School?			

Eisleben Lutheran Church **DOES/DOES NOT (Circle One)** have my permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me, by reason of such use.

## **EMERGENCY INFORMATION & BEHAVIOR EXPECTATIONS**

In case of emergency, attempts will be made to contact the registered parent(s)/guardian(s) by the VBS leadership. While your student attends VBS, parents/guardians MUST be accessible at one of the phone numbers that have been listed. A call to 911 will be made in case of emergency.

Student's Name:	
	Phone# :
Dentist's Name:	Phone#:
• •	healthy, please list the students special needs, medical conditions, elpful considerations:
Allergies and food restrictions:	
Participant Behavior Expectations:	
Our main objective for VBS is to share G	iod's love!
·	for your student and others, we have the following rules:
· Show respect for others	
· Keep hands, feet, and objects to you	ırself
· Be a good listener	
$\cdot $ Follow directions the first time they	are given
student will be removed from the ac without disruption or aggressive bel	ssive behavior will not be tolerated. If there is a problem, the ctivity, placed in a time-out area, until they can resume activity navior. The parent/guardian of the student will be notified at the the student is unable to gain self-control in which case we will call the student.
Permission & Consent Authorization	
l,	, being the parent and/or legal guardian
	, understand and agree to the use of the behavior expectations
support it. I give my consent for the injury and permission to seek addition that in such case reasonable attemp	will state the expectations to my student prior to participating and use of basic first aide by our staff/volunteers in case of minor onal emergency medical treatment in my absence. I understand its would first be made to contact me, time and conditions of for all costs incurred for his/her injury and treatment.
SIGNATURE:	DATE:
Printed Name:	

RETURN YOUR COMPLETED REGISTRATION FORM TO THE CHURCH OFFICE.