2016 Registration Form

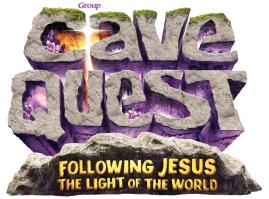
Sun. July 24th-Thurs. July 28th

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

3yrs–6th **Grade** (just completed) www.LutheranChurchScottCity.org

This year's VBS brought to you by: Scott City's Broadway United Methodist &

Vacation Bible School **Location: Eisleben Lutheran Church**





(Office Use Box)

Crew Leader:

Circle Daily Attendance:

S M T W R

Student Name		Age
Gender:	Birth date	Grade completed spring of 2016:
Student Hom	e Address :	
Student Cell F	Phone:	
City / State: _		Zip
Name of a spo	ecial friend your child might like	e to be with:
Names of Leg	al Parent/Guardian 1	
Names of Leg	al Parent/Guardian 2	
Parent/Legal	Guardian (s) Home Addresses:	(if different than above):
Parent/Legal	Guardian E-mail Address:	
Parent(s)/Leg	gal Guardian(s) must be reacha	able by phone during the hours of VBS.
Phone Numbe	ers: Cell:	Home:
Secondary En	nergency Contact Name, Relation	onship & Phone #
face to face.	Only Legal Guardians listed abo	ian listed above check in and check out with each child's "guide" ove will have pick-up & drop-off permission unless specified in travel to and from VBS on bike or foot?:
Location whe	re a parent/legal guardian expe	ects to be during the hours of VBS:
Name of chur	ch you currently attend:	
How did you	hear about our Vacation Bible 9	School?

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:	
Doctor's Name:	Phone# :
Dentist's Name:	Phone# :
medications being taken or oth	e and healthy, please list the students special needs, medical conditions, ner helpful considerations:
Allergies and food restrictions:	
Participant Behavior Expectations	<u>3:</u>
Our main objective for VBS is to sh	nare God's love!
·	ment for your student and others, we have the following rules:
· Show respect for others	
 Keep hands, feet, and objects t 	to yourself
· Be a good listener	
 Follow directions the first time 	they are given
student will be removed from the without disruption or aggressive students.	inggressive behavior will not be tolerated. If there is a problem, the the activity, placed in a time-out area, until they can resume activity we behavior. The parent/guardian of the student will be notified at the nless the student is unable to gain self-control in which case we will call k up the student.
Permission & Consent Authorizati	<u>ion</u>
l,	, being the parent and/or legal guardian, understand and agree to the use of the behavior expectations
	ve. I will state the expectations to my student prior to participating and
· · · · · · · · · · · · · · · · · · ·	or the use of basic first aide by our staff/volunteers in case of minor additional emergency medical treatment in my absence. I understand
	ttempts would first be made to contact me, time and conditions
	insible for all costs incurred for his/her injury and treatment.
	DATE:
Printed Name:	

RETURN YOUR COMPLETED REGISTRATION FORM TO THE CHURCH OFFICE.