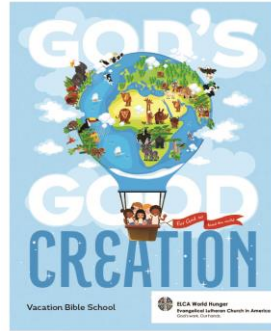# Mt. Hermon Lutheran Church

2018 V. B. S. Registration Form

Parent's Name[s]:_____

Youth Name[s]:_____

My children will be attending V.B.S. ☐   Number of Children attending: _____

My youth will be attending: ☐   Number of youth attending:_____

I will be attending the adult program: ☐   Number of adults attending:_____

Nursery (Ages 0-3)

I do need to use the Nursery this week: ☐   Number of Children:_____
Ages:_____

Field Trip Friday:

Friday Field Trip: Friday July 13 9am-1pm   ☐   Yes, will attend   Adults ____
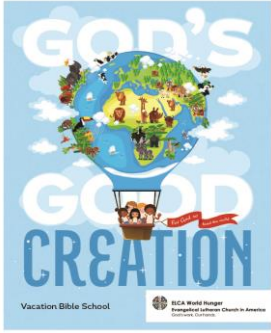Children____

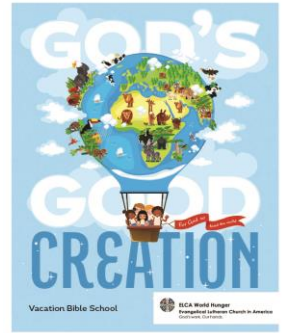**Friend & Neignbor Attending VBS**
(Optional)

Name:_____

Address:_____

Email:_____

Phone:_____   How I learned about VBS?_____

Mt. Hermon Lutheran Church

2018 V. B. S. Registration Form

Child's Name:_____

Grade Completed:_____   DOB:_____   Age:_____

Please explain any medical conditions that the VBS staff needs to be aware of concerning your child:

List all allergies to food, medication, and environment:

Name of Parent/Guardian_____

 Contact Number[s]:_____   Email:_____

Address:_____

Persons authorized to pick up child[ren]:

Name:_____   Contact Number:_____

Name:_____   Contact Number:_____

Name:_____   Contact Number:_____

Emergency Contact (other than parent/guardian)

Name:_____

Relationship:_____   Contact Number:_____

Name:_____

Relationship:_____   Contact Number:_____

Medical and Transportation Release

I herby give permission for my child[ren],_____

_____, to attend Vacation Bible
School at Mr. Hermon Lutheran Church, July 8-12, 2018 [including Field Trip on Friday July 13th]. I understand
there may be activities during the week that may take place away from the church and I give my permission
for my child[ren], to ride in a church sponsored vehicle. In the event of an emergency, I understand that every
effort will be made to contact me or another emergency contact person. If a contact person cannot be
reached, I hereby give consent to a representative from Mt. Hermon Lutheran Church to seek medical
assistance from a licensed physician to secure proper treatment for my child[ren] named above.

I understand I am responsible for my child[ren]'s own medical insurance and will not hold Mt. Hermon
Lutheran Church liable for any injury or damage to my child[ren] while engaged in Vacation Bible School.

_____   _____
                 Parent/Guardian Signature   Date

Insurance Company:_____
Policy/ Group Number:_____
Child[ren]'s Doctor:_____
Doctor's Phone Number:_____
Important Health Information (Medical Issues, Medications, Drug or Food Allergies):

Photo Release

☐ **I *allow* my child[ren] to be photographed** for possible inclusion in Mt. Hermon Lutheran Church
publications or website.

_____   _____
                 Parent/Guardian Signature   Date