2024 Registration Form

Sun, July 28th—Tues, July 30th

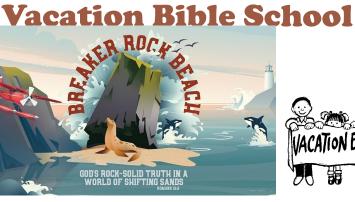
Snack: 5:30 pm -6:00 pm VBS: 6-8:30 pm

3 years old (if parent stays)—6th Grade (just completed)

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 Name	<u> </u>	Age
Gender:	Birth date	Grade completed spring of 2024:
Student Name		Age
Gender:	Birth date	Grade completed spring of 2024:
Student Name		Age
Gender:	Birth date	Grade completed spring of 2024:
Student Name		Age
Gender:	Birth date	Grade completed spring of 2024:
Student Home	Address :	
City / State:		Zip
Name of a spe	cial friend your child might lik	ce to be with:
Parent(s)/Lega	al Guardian(s) must be reach	able by phone during the hours of VBS.
Names of Lega	al Parent/Guardian 1	
Parent/Legal (Guardian (s) Home Addresses	s: (if different than above):
Parent/Legal (Guardian E-mail Address:	
Phone Numbers: Cell:		Home:
Names of Lega	al Parent/Guardian 2	
Secondary Em	ergency Contact Name, Rela	tionship & Phone #
face to face. O	nly Legal Guardians listed at	lian 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 where	e a parent/legal guardian exp	ects to be during the hours of VBS:
Name of churc	h you currently attend:	<u>-</u>
	ear about our Vacation Bible	Page 1 of 2 Continue on other s

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(s):					
	Phone# :				
	Phone# :				
To assist us keep your student safe ar	helpful considerations: (If more than one student, specify which one)				
Allergies and food restrictions: (If mo	ore than one student, specify which one)				
Hospital Preference:					
For multiple student's if any have a di	ifferent doctor list child's name and doctor info here.				
Participant Behavior Expectations:	Cadla laval				
Our main objective for VBS is to share					
•	nt for your student and others, we have the following rules: nds, feet, and objects to yourself, Be a good listener and				
 Follow directions the first time the 					
removed from the activity, placed aggressive behavior. The parent/gu	essive behavior will not be tolerated. If there is a problem, the student will be in a time-out area, until they can resume activity without disruption or uardian of the student will be notified at the end of the day's VBS session in self-control in which case we will call listed parents/guardians to pick up the				
publicly. I understand that the images	NOT (Circle One) have my permission to use my or my child's photograph may be used in print publications, online publications, presentations, websites at no royalty, fee or other compensation shall become payable to me, by				
Permission & Consent Authorization					
I, , bei	ng the parent and/or legal guardian of the above named children, understand				
my student prior to participating and s volunteers in case of minor injury and understand that in such case reasonab	ng the parent and/or legal guardian of the above named children, understand expectations and discipline policy listed above. I will state the expectations to support it. I give my consent for the use of basic first aide by our staff/ permission to seek additional emergency medical treatment in my absence. I ble attempts would first be made to contact me, time and conditions permitting incurred for his/her injury and treatment.				
SIGNATURE:	DATE:				

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Printed Name: _____