

Augustus Lutheran Church
 717 West Main Street, Trappe, PA 19426
2016 Vacation Bible School Registration Form



August 8th - August 11th 9:00 am 'til noon

PLEASE CLEARLY PRINT INFORMATION and **FILL OUT ONE FORM PER CHILD**

Child's Name	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
City/State/Zip	
ALLERGIES	

- | | | |
|---|---|---|
| <input type="checkbox"/> 3 year old | <input type="checkbox"/> 4 year old | <input type="checkbox"/> 5 year old (no kindergarten) |
| <input type="checkbox"/> Completed Kindergarten | <input type="checkbox"/> Completed 1 st or 2 nd Grade | |
| <input type="checkbox"/> Completed 3rd or 4th Grade | <input type="checkbox"/> Completed 5 th or 6th Grade | |

Parent's Name	
Home Phone	
Work Phone	
Cell Phone/Pager	
E-mail address	

Church Affiliation

- Augustus Lutheran Other _____ No Current Affiliation

List those persons, other than parents, authorized to pick up your child during the week of VBS. Your child will not be released to anyone else without a phone call.	1. 2. 3.
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My child, _____, has my permission to attend VBS at Augustus Lutheran Church from August 8 - 11, 2016. I will not hold Augustus Lutheran Church or any staff member responsible for any injuries incurred.

Parent's signature: _____ Date: _____

▶▶▶▶ Please complete back page (Emergency Contact Info) ▶▶▶▶

Emergency Contact Information

Emergency Contact (other than parent)	Telephone	Relationship to child

If no one can be reached, and my child's condition becomes serious, I give the Vacation Bible School staff permission to transport my child, _____ to a hospital emergency room.

Health Insurance Company _____

Health Insurance ID Number _____

Parent's signature: _____ Date: _____