| 2021 Registration Form | Tues July 27th-Thurs. July 29th Snack: 5:30pm –6:00pm |
|---|--|
| Vacation Bible School | VBS: 6-8:30pm 3yrs (if parent stays)–7thGrade (just completed) www.LutheranChurchScottCity.org Location: Eisleben Lutheran Church |
| EUST POWER PULLS US THROUGH | 432 Lutheran Lane, Scott City (Office Use Box) Crew Leader: Circle Daily Attendance: S M T W R |
| Student Name | Age |
| Gender: Birth date | Grade completed spring of 2021: |
| Student Home Address : | |
| City / State: | Zip |
| Student E-mail Address: | Student Cell Phone:Student Cell Phone: |
| Name of a special friend your child might like to be with: | |
| Names of Legal Parent/Guardian 1 | |
| Names of Legal Parent/Guardian 2 | |
| Parent/Legal Guardian (s) Home Addresses: (if different t | :han above): |
| Parent/Legal Guardian E-mail Address: | |
| Parent(s)/Legal Guardian(s) must be reachable by phon | e during the hours of VBS. |
| Phone Numbers: Cell: | Home: |
| Secondary Emergency Contact Name, Relationship & Pho | one # |
| It is expected that only the parent or guardian listed abore face to face. Only Legal Guardians listed above will have writing. Does your child have permission to travel to and | e pick-up & drop-off permission unless specified in |
| Location where a parent/legal guardian expects to be du | ring the hours of VBS: |
| Name of church you currently attend: | |
| How did you hear about our Vacation Bible School? | |
| Eisleben Lutheran Church DOES/DOES NOT (Circle One) publicly. I understand that the images may be used in pri sites and social media. I also understand that no royalty, by reason of such use. | nt publications, online publications, presentations, web- |

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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: | | |
| ., | nd healthy, please list the students special needs, medical or helpful considerations: | |
| Allergies and food restrictions: Hospital Preference: | | |

Participant Behavior Expectations:

Our main objective for VBS is to share God's love!

In order to provide a safe environment for your student and others, we have the following rules:

- Show respect for others
- · Keep hands, feet, and objects to yourself
- · Be a good listener
- · Follow directions the first time they are given
- **Discipline Policy:** Disruptive and aggressive behavior will not be tolerated. If there is a problem, the student will be removed from the activity, placed in a time-out area, until they can resume activity without disruption or aggressive behavior. The parent/guardian of the student will be notified at the end of the day's VBS session unless the student is unable to gain self-control in which case we will call listed parents/guardians to pick up the student.

Permission & Consent Authorization

| ١, _ | , being the parent and/or legal guardian |
|------|--|
| | of, understand and agree to the use of the behavior expectations |
| | and discipline policy listed above. I will state the expectations to my student prior to participating and |
| | support it. I give my consent for the use of basic first aide by our staff/volunteers in case of minor |
| | injury and permission to seek additional emergency medical treatment in my absence. I understand |
| | that in such case reasonable attempts would first be made to contact me, time and conditions |
| | permitting and that I am responsible for all costs incurred for his/her injury and treatment. |
| SI | GNATURE: DATE: |

Printed Name:

RETURN YOUR COMPLETED REGISTRATION FORM TO THE CHURCH OFFICE.

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