

# 2017 Registration Form

Sun. July 23rd-Thurs. July 27th

## Vacation Bible School



Snack: 5:30pm –6:00pm

VBS: 6-8:30pm

3yrs–6<sup>th</sup> Grade (just completed)

[www.LutheranChurchScottCity.org](http://www.LutheranChurchScottCity.org)

**Location: Eisleben Lutheran Church**

This year's VBS brought to you by: Scott City's  
Broadway United Methodist &  
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 2017: \_\_\_\_\_

Student Home Address : \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip \_\_\_\_\_

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 than above): \_\_\_\_\_

Parent/Legal Guardian E-mail Address: \_\_\_\_\_

**Parent(s)/Legal Guardian(s) must be reachable by phone during the hours of VBS.**

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Secondary Emergency Contact Name, Relationship & Phone # \_\_\_\_\_

**It is expected that only the parent or guardian listed above check in and check out with each child's "guide" face to face. Only Legal Guardians listed above will have pick-up & drop-off permission unless specified in writing.** Does your child have permission to travel to and from VBS on bike or foot?: \_\_\_\_\_

Location where a parent/legal guardian expects to be during the hours of VBS: \_\_\_\_\_

Name of church you currently attend: \_\_\_\_\_

How did you hear about our Vacation Bible 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# : \_\_\_\_\_

To assist us keep your student safe and healthy, please list the students special needs, medical conditions, medications being taken or other 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**

I, \_\_\_\_\_, 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 aid 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**RETURN YOUR COMPLETED REGISTRATION FORM TO THE CHURCH OFFICE.**