

Registration Form

Vacation Bible School 2017

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Home E-mail Address: _____

Grade Going Into: _____ Age: _____ Birthday: _____

Siblings Attending VBS: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Other: (Relationship to child): _____

People who may pick up the child: _____

Food Allergies or Other Medical Conditions: (if child does not have allergies/medical conditions, indicate **NONE**)

Home Church: _____

Name of a special friend your child might like to be with:

How did you learn about our VBS? _____

For all participants in VBS: I hereby grant the VBS Camp leaders permission to photograph/film the minor designated on this form, in any manner or form for any lawful purpose associated with this VBS program

Parent Initial: _____

For all participants in VBS: I hereby grant the VBS Camp leaders permission to call Emergency Medical personnel in the event my child suffers from an apparent emergency medical condition. VBS leaders will also contact parents/contact persons listed on front of this form.

Parent signature: _____

If you wish the Emergency Medical personnel to advise your doctor(s) please provide contact information:

Phone _____

Mail this application, along with a check for \$15 made payable to:

**Bethlehem Lutheran Church
3352 Katella Ave.
Los Alamitos, CA 90720**