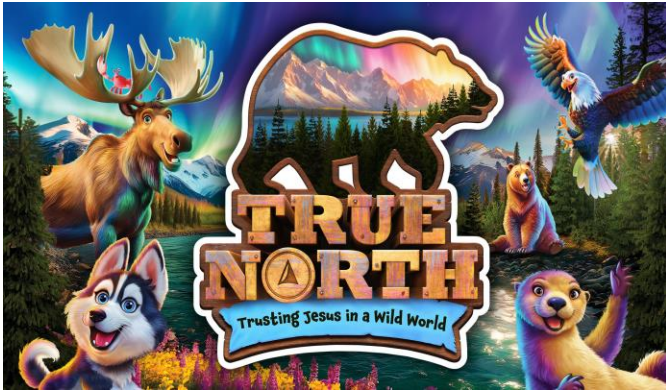


# Eisleben Vacation Bible School 2025 Registration Form



**Sun, July 27th—Tues, July 29th**

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

**Location: Eisleben Lutheran Church**

**432 Lutheran Lane, Scott City**

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade completed spring of 2025:** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade completed spring of 2025:** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade completed spring of 2025:** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade completed spring of 2025:** \_\_\_\_\_

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

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

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

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

**Name of Legal Parent/Guardian 1** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Names of Legal Parent/Guardian 2** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**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(s):** \_\_\_\_\_

**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: (If more than one student, specify which one)**

\_\_\_\_\_  
\_\_\_\_\_

**Allergies and food restrictions: (If more than one student, specify which one)**

\_\_\_\_\_  
\_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**For multiple student's if any have a different doctor list child's name and doctor info here.**

\_\_\_\_\_

### **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 and**
- **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.

**Photo Permission:** Eisleben Lutheran Church **DOES/DOES NOT (Circle One)** have my permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me, by reason of such use.

### **Permission & Consent Authorization**

I, \_\_\_\_\_, being the parent and/or legal guardian of the above named children, 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:** \_\_\_\_\_