



**Registration Form for
Vacation Bible School**

St. John Lutheran Church

**Monday - Thursday
June 24-27, 2019
9:00 AM – NOON**

For all kids pre-K thru 6th grade!

Open to children who will be four (4) years old by Sept. 1st 2019 through those entering 6th grade in the 2019/2020 academic year.

Registration Fee:

**\$20 per child before March 1st
\$25 per child March 1 – April 30th
\$30 per child May 1 – 31st
\$35 per child after June 1st**

Parent Last Name	Parent First Name	Home Phone Number
Street	City, State	Zip
Home Church	Email (we use email for all communication)	

Child's Name Last & First	Birthday MM/DD/YY	Age on Sept. 1, 2019	Grade Completed in 2018-2019 school year	Gender	Preferred T-Shirt Size* (circle one)
				M F	Youth S M L Adult S M
				M F	Youth S M L Adult S M
				M F	Youth S M L Adult S M
				M F	Youth S M L Adult S M

A medical form must be completed for each child (form on the reverse side).

Please have registration forms turned in by June 22 to allow for class preparation

*T-shirts are pre-ordered, and size requests are filled through registrations on a first-come, first-served basis. Each child will receive a t-shirt; we will do our best to honor your requested size.

Questions? Please contact Amy Gleason (651) 307-8949 amygleason2010@gmail.com

EMERGENCY MEDICAL AUTHORIZATION FOR ST. JOHN LUTHERAN VBS 2019

Family's Last Name _____

Parent/Guardian (1st Person to be contacted) _____

Phone _____ Alternate Number _____

Emergency Contact Person (if the above person cannot be reached) _____

Phone _____ Alternate Number _____

<p>Child #1 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>	<p>Child #2 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>
<p>Child #3 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>	<p>Child #4 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>

Medical & Liability Release – Valid June 24-27, 2019

I, the undersigned parent or guardian of the above mentioned child(ren) participating in Vacation Bible School sponsored by St. John Lutheran Church, Woodbury, Minnesota, do hereby state that said child(ren) are physically and medically able to participate in said activity. I do hereby release and discharge St. John Lutheran Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted on behalf of said minor(s) and/or myself against St. John Lutheran Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representatives to administer first aid, and/or contact the Woodbury Medical Response Team.

Signature of Parent or Guardian

Date