



**St Luke's Lutheran
Vacation Bible School**

**Registration Form
2018**

**Sun June 15
To
Monday June 18**

REGISTRATION INFORMATION

Complete the registration form below. Forms can be dropped off at the church or mailed to us at
St Luke's Lutheran Church, 11020 NC Hwy 801, Mt Ulla, NC 28125

We are offering Bible Camp/VBS for children age 4yrs to entering 5th graders.
There is **no charge** for VBS; however we welcome donations to offset the cost of this ministry.

CHILD #1 INFORMATION

Child's Name _____ Sex _____ Birthdate _____

Address _____

Age _____ Grade level fall 2017 _____ Church home (if any) _____

Allergies/Special Needs/Security Issues of your child that we need to know about?

CHILD #2 INFORMATION

Child's Name _____ Sex _____ Birthdate _____

Address _____

Age _____ Grade level fall 2017 _____ Church home (if any) _____

Allergies/Special Needs/Security Issues of your child that we need to know about?

PARENT/GUARDIAN CONTACT INFORMATION

Child's Parent/Guardian #1: _____

Home phone _____ Cell _____ Email _____

Child's Parent/Guardian #2: _____

Home phone _____ Cell _____ Email _____

TWO EMERGENCY CONTACT PEOPLE OTHER THAN PARENT/GUARDIAN

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

ADDITIONAL PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD or CHILDREN FROM VBS

Please list below the people authorized to pick up your child from VBS.
Anyone other than parent or guardian will need to have a photo id.

Name _____ Phone number _____

Name _____ Phone number _____

Medical Release and Waiver

_____ (name of child) _____ (name of child)

I, the undersigned parent or guardian, grant permission for the above named child/children to attend Vacation Bible School. I agree to release St Luke’s Lutheran Church, the Church Council, staff, individual members, officers, representatives, and VBS leaders and volunteers from any and all claims that we or our child(ren) may have for any losses, damages, or injuries arising out of our child’s participation or out of the rendering of emergency procedures or treatments, if any. In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. Payment of any medical expenses will be paid by me or by my insurance company.

Signature of Parent/Guardian Parent/Guardian's printed name

Date _____ Insurance Company _____

Name of Policy Holder _____ Relationship _____

Medical Insurance Policy # _____

PERMISSION TO USE CHILD'S PHOTOGRAPH

I, _____ (parent or guardian) of the child(ren) named above, give permission to St Luke’s Lutheran Church in Mt Ulla, NC to use picture(s) of the children named above in promotional materials.

_____ (signature)

Presented jointly by:

**St Luke’s Lutheran Church
11020 NC Hwy 801, Mt Ulla, NC 28125**