

**Vacation Bible School Registration
Trinity Lutheran Church
August 3-7, 2015
Ages 4 years-5th Grade**

Entering Grade _____

Current Age _____

Full Name of Youth: _____
First Middle Initial Last

Date of Birth: _____ / _____ / _____ Male Female

Home Address _____

City _____ State _____ Zip _____

Home Church _____

Custodial Parent(s)/Guardians(s): _____

Parent Email _____ Parent Email (Alt) _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Mom Cell Phone: (____) _____ Dad Cell Phone (alt): (____) _____

Is Child Potty Trained? ____ Yes ____ No **If No**, child must attend with an adult.

***We are not staffed to provide 1-on-1 guidance for children with special needs.
Children with special needs are encouraged to attend, but must be accompanied
by an adult helper.***

IN CASE OF EMERGENCY, WE (I) CAN BE REACHED BY PHONE AT:

(____) _____

IF WE (I) ARE NOT AVAILABLE IN AN EMERGENCY PLEASE CONTACT:

Name(s): _____

Relationship: _____ Phone: (____) _____

My child has permission to be picked up by: _____

Food & Other Allergies: _____

Medication Allergies: _____

Medical Conditions: _____

Medications Currently Being Taken: _____

Description of any limitations or restrictions on activities: _____

Family Physician: _____ Phone: (__) _____

Family Dentist: _____ Phone: (__) _____

Medical Insurance Company: _____

Insurance ID Number: _____

Group ID Number: _____

Friend Request:

My child would like to be in a group with _____.

Note: we will fulfill one request as long as both children list each other on their forms. Registration forms must be **received by July 27 to consider group requests.*

I give my child permission to participate in Vacation Bible School at Trinity Lutheran Church, August 3-7, 2015. I acknowledge that although measures are taken to minimize the risk of injury to camp participants, Trinity Lutheran Church cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of following instructions of VBS leaders, rules, and procedures for the safety of all participants. I understand that parents are contacted in the event their child needs professional medical attention. In the event that I, or the emergency contact, cannot be reached in an emergency during VBS, I hereby give my permission to the physician or dentist selected by the adult sponsors to provide treatment deemed necessary for any condition arising during Vacation Bible School.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

I hereby give my consent to Trinity Lutheran Church for any photograph and likeness of myself and/or my child(ren) that is taken during Vacation Bible School to be used in its publications, including its website.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Please submit this form to Deaconess Barbara Herzinger via either method:

- Email to deaconessbarb@tlcvalpo.com
- Postal mail to:
Trinity Lutheran Church, c/o VBS 2014,
201 Washington St., Valparaiso, IN 46383