

**GOOD SHEPHERD LUTHERAN CHURCH  
VACATION BIBLE SCHOOL  
JULY 9-13, 2018 from 9 AM – NOON**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last grade completed: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

In case of an emergency (when parent or guardian cannot be reached) please contact:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies or medical conditions:

Insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Person responsible for picking your child up after VBS each day:

Name and relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

I give my child permission to participate in Vacation Bible School at Good Shepherd Lutheran Church. I will not hold Good Shepherd Lutheran Church, its staff, or the congregational volunteers responsible for accidents, claims and damages arising from my child's participation in program activities. I also give Good Shepherd Lutheran Church permission to use any photograph/video of me or my child, taken at VBS, in future promotional materials for its sites and programs. My child shall comply with all the rules set forth by Good Shepherd Lutheran Church or be removed from this event and sent home.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_