

GOOD SHEPHERD LUTHERAN CHURCH VACATION BIBLE SCHOOL

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: ____/____/____