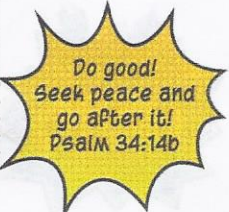




# FOREST OAKS LUTHERAN CHURCH



## 2018 VACATION BIBLE SCHOOL REGISTRATION FORM

July 16-20

9:00am to Noon

Please return form to the church as soon as possible.

8555 Forest Oaks Blvd.

Spring Hill, FL 34606

(One form per child, please)

Child's Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Allergies/Medical Information/Other \_\_\_\_\_

Dismissal Information: Name(s) of person(s) who may pick up this child from VBS

Name: \_\_\_\_\_ Pickup Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Pickup Phone: \_\_\_\_\_

Siblings attending VBS: (List Names and ages): \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

**Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

**Photo Release:** I hereby grant the above named church permission to photograph/film my child designated above for any lawful purpose associated with this VBS program. I waive any right that I may have to inspect or approve the finished product or written copy to which it may be applied.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

++ If your child has Special Needs, please also fill out the form on the back! ++