

**Lutheran Church of the Good Shepherd
Vacation Bible School Registration Form
VBS Year 2024**

Student's Name: _____
Birth Date: _____ Age: _____
Parent's Names: _____
Street Address: _____
City _____ Zip Code _____
Day Phone: _____ Cell Phone: _____

Email address: _____
(Please print clearly...your email will provide you with important information prior to and during VBS week)

Parent's Church: _____

Emergency Contact: (If parent/guardian cannot be reached)

1. Name of Person/Relationship: _____
Home Phone: _____ Cell Phone: _____
2. Name of Person/Relationship: _____
Home Phone: _____ Cell Phone: _____

****Please list all names your child may be released to at the end of each day.**
Good Shepherd Staff and volunteers will only release children to persons listed.
If an early release of student is needed, on any of the 5 days, parent must SIGN-OUT that student in
the VBS Children's Ministry Office prior to taking child for the day. _____ initial

Friend Request: You may list 1 friend your child would like to be in the same group with.
Must be in the same Mixed age groupings. (Preschool ages 3-5) or (completed: K-1st G, 2nd-3rd G, 4th-5th G)

Friend Requests need to be made at time of Pre-Registration. **Please know this is not a guarantee.** We will try to accommodate your request as best as we are able.

Known Allergies or medical concerns:
List allergies (and severity) including food, medication, environmental, insect sting, other

List any educational or medical concerns you'd like us to be aware of (ex. asthma, physical limitations)

****My child is required to carry an Epi-Pen due to severity of any allergies listed above. Yes___ No ___**
I also understand that if my child requires an Epi-Pen to be carried on site, I will provide a suitable adult/family member that will assist on site and can administer the Epi-Pen should it be needed.
_____ initial

Parent/Guardian Consent:

_____ has my permission to attend Vacation Bible School at the Lutheran Church of the Good Shepherd from July 8, 2024 to July 12, 2024.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Lutheran Church of the Good Shepherd, its staff, and volunteers of any and all liability from my child's participation.

Photo Release Permission:

As a parent or guardian of this child, I hereby consent to the use of photography/videotape taken during the course of the Vacation Bible School week and after for publicity and promotional purposes (including publications, presentation or broadcast via newspaper, internet, church website or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for Lutheran Church of the Good Shepherd to photograph my child during Vacation Bible School week.

_____ No, I do not authorize Lutheran Church of the Good Shepherd to photograph my child during Vacation Bible School week.

Parent/Guardian Signature: _____ **Date:** _____

VBS Class Group: (to be filled out by Church VBS Registrar)

Grade child just completed: _____ **OR** Preschool age (by July 8): age 3 age 4 age 5

T-shirt Size & Color: _____

Epi-Pen requires an adult assistant on site the entire time and that adult/or family member will administer the Epi-Pen should it be needed. Name of Adult/or family member responsible:

****Please explain that the responsible adult/family member will be considered Staff and ALL Staff must follow the Safe Haven Policy. Safe Haven Policy requires those 18+ to complete a simple background check and receive mandated reporter training on-line.**

T-shirt received _____ Paid \$10 Fee _____ Registrar's Initials _____