

**Lutheran Church of the Good Shepherd**  
**Vacation Bible School Returning Student Registration Form**  
**VBS Year 2022**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent's Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Fill in the following, below, with any updated information or write in SAME, if SAME, we will utilize the information given to us from VBS Year 2021:**

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

**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

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**Friend Request:** You may list 1-2 friends 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 - 1<sup>st</sup> G, 2<sup>nd</sup> - 3<sup>rd</sup> G, 4<sup>th</sup> - 5<sup>th</sup> G)

Friend Requests need to be made at time of Pre-Registration.

**Known Allergies or medical concerns:**

List allergies (and severity) including food, medication, environmental, insect sting, other

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

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**\*\*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 11, 2022 to July 15, 2022.

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 VBS Registrar)

Grade child just completed: \_\_\_\_\_ or Preschool age (by VBS date): age 3 age 4 age 5

T-shirt Size & Color: \_\_\_\_\_

PreK 3-Red, PreK 4-Purple, PreK 5 Royal Blue, Kindergarten-Lt. Blue, 1<sup>st</sup> G-Yellow, 2<sup>nd</sup> G-Orange, 3<sup>rd</sup> G-Jade Green  
4<sup>th</sup> G-Navy Blue 5<sup>th</sup> G-Ash Grey

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 know 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 \_\_\_\_\_