

First Lutheran Church

Elementary School

VBS Registration Form

For office use only:

Date received:

Time:

Notes:

Initials:

Student's Last Name _____

Parent/Guardian _____ Work/Cell Phone _____

Parent/Guardian _____ Work/Cell Phone _____

Address _____ City _____ Zip _____

Home Phone _____ E-mail _____

Emergency Contact _____ Phone _____

Register only one child per registration form.

Student's first and last name	Birthdate (m/d/y)	M or F	Circle Current Grade (10-11 school year)	Special needs, allergies, medications, or health concerns
			Kindergarten 1 2 3 4 5 6	

To help defray expenses, we are collecting \$15 from each student in 5th and 6th grade for the week's activities.

Insurance Information:

My child has permission to participate in the selected programming and activities under supervision. In the event that I cannot be reached in an emergency, I give permission to the First Lutheran Church staff/volunteers to secure proper treatment for my child. I give permission to transport my child for scheduled activities and emergencies. I also give First Lutheran Church permission to use photographs, video, and electronic images including my child or family in church and church promotions.

Signature _____ Date _____

We encourage parent involvement in our Children's Ministry during the year your child is registered. Your continued support is directly related to the success of our programs!

How will you contribute to **OUR** children's Christian Education?

- Be a Guide
- Bible Story Team
- Lead Music
- Play piano
- Art/Crafts
- Playground
- Shop for supplies
- Provide transportation
- Bring snacks
- Nursery Care
- Chaperone

Thank you for helping! Jen Jabas will contact you with more information and training dates.