



VACATION BIBLE SCHOOL (VBS) REGISTRATION FORM
 ST. PAUL'S EVANGELICAL LUTHERAN CHURCH
 250 BOWHALL ROAD
 PAINESVILLE, OH



St. Paul's VBS will be held the week of: **July 10—14, 9am-Noon**

(One form per child, please)

Student First Name: _____ Student Last Name: _____

Nickname: _____ Age: _____ Gender: M F

Grade just finished: _____ T-Shirt Size (youth): _____

Home Church (if applicable): _____

Place my child in the same group as (child's name): _____

Parent(s) Name (first and last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone #: _____ Cell Phone #: _____

Other Phone Number(s): _____

Emergency Contact (first and last name): _____

Emergency Phone #: _____

Alternate Pickup Person (first and last name): _____

Alternate Pickup Phone#(s): _____

General Information: _____

Allergies: _____

Medical Issues or Special Needs: _____

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. **Parent/Guardian Initials** _____

Photo Release: I hereby grant St. Paul's Lutheran Church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. **Parent/Guardian Initials** _____

Permission to Attend: I give permission for my child (named above) to attend the VBS listed above. I understand that the information I give for this registration will only be used by St. Paul's Lutheran Church.

 Parent/Guardian Signature Date