

Community Lutheran Church
Vacation Bible School Registration

1st Child's Name _____

Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____

Food allergies or Medical concerns Y___N___ List/Explain _____

T-Shirt Size (Circle One) YOUTH: XS S M L or ADULT: S M L

2nd Child's Name _____

Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____

Food allergies or Medical concerns Y___N___ List/Explain _____

T-Shirt Size (Circle One) YOUTH: XS S M L or ADULT: S M L

3rd Child's Name _____

Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____

Food allergies or Medical concerns Y___N___ List/Explain _____

T-Shirt Size (Circle One) YOUTH: XS S M L or ADULT: S M L

Address _____

City _____ State _____ Zip _____

Parents/Guardian _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Emergency contact: _____

Relationship to child _____

Phone _____

Name of home church _____



**Parent/Guardian of a Minor
Consent and Hold Harmless Form**

Name of Activity: ___ Vacation Bible School _____ Date: _____

Name(s) of Child (ren):

_____ Date of Birth: _____ Age: _____ Sex: _____
_____ Date of Birth: _____ Age: _____ Sex: _____
_____ Date of Birth: _____ Age: _____ Sex: _____
_____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Home phone: _____ Cell/work phone: _____

I, _____ (*print name of parent/guardian*), bring the parent or legal guardian of _____ (*printed name(s) of minor(s)*) have been informed of the above activity sponsored by Community Lutheran Church and Little Blessings Christian Preschool and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Community Lutheran Church and Little Blessings Christian Preschool, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities: _____.

Signature of Parent/Guardian _____ Date _____

Permission to use photos on our website and in pamphlets.

Dear Parents:

Please sign this form to give Community Lutheran Church & Little Blessings Christian Preschool permission to place your child's photo on our website and / or pamphlets for advertising purposes. Please return as soon as possible. Thank you.

I give my permission to Community Lutheran Church & Little Blessings Christian Preschool to place photographs of my child(ren) _____ on the website and / or pamphlets for advertising purposes.

Signed: _____

Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()