

**Registration Form for VACATION BIBLE SCHOOL • July 30 to August 2, 2017**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Next Fall \_\_\_\_ Age \_\_\_\_

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**Allergies, Special Needs or other Medical Conditions** \_\_\_\_\_

**Parent/Guardian Information**

(1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail to send info \_\_\_\_\_

**If we need to contact the child during the week of VBS, is there different contact information?**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact Person besides Parent/Guardian**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Pick-up/Drop-off Policy**

Who can pick up your child? Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Is there anyone who cannot pick up your child? \_\_\_\_\_

My child is authorized to walk home on his/her own (weather permitting). \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of bad weather or other adverse conditions, please call this individual to pick up my child:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

If no answer, I give Saint Luke's Church permission to drop off my child at the following location:

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release Form

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_ (Names of Children) and I am informed of  
**Vacation Bible School** offered by Saint Luke's Church, City of Faribault, County of Rice, beginning on **July 30, 2017** and  
continuing to **August 2, 2017**. As the parent or legal guardian of my child, I hereby consent for my child to attend and  
participate in this activity by St. Luke's Church.

In the event of an accident or injury to my child during this activity, I consent to any x-ray examination, anesthetic,  
medical or surgical diagnosis or treatment and hospital care under the supervision and advice of a physician and surgeon  
licensed under the Medical Practice Act for my child. This authority also extends to any dental care needed by my child. I  
further agree to pay all charges for the dental, medical, or hospital care or treatment.

It is the intention of this parent or legal guardian by this agreement, to exempt and relieve St. Luke's Church and its  
officers, agents, servants, or employees from liability for personal injury, property damage or wrongful death of the  
minor child/children named above, while permitting my child to engage in this activity or activity incidental thereto,  
some of which involve dangers and risk of bodily injury.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

Periodically the church takes photos to be used in communication. I, the undersigned parent, consent to  
\_\_\_\_\_ (Names of Children),  
attending Saint Luke's for any function, being photographed. I agree that Saint Luke's Church shall have the right, but  
not the obligation, to use my child's photograph and/or likeness (including caricature), for their website at any time and  
for any other purpose or materials the ministry deems necessary. The child's name will not be used with the photos.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

***Please return completed forms to the Church as soon  
as possible so we can be ready for each child.***

***Saint Luke's Church  
1100 9<sup>th</sup> Avenue SW  
Faribault, MN 55021***