



Grace Lutheran Church 2017

June 26-30

8:30am-12:00

Who Can Attend VBS?

Any child entering K-6th grade

OR

Preschoolers who will be 4 by September 1, 2017 and that have attended any Preschool or Sunday School program.

Child's Name

Grade Entering in Fall

Birthdate

Address

Parent's/Guardian's Email Address

Parent's/Guardian's Name

Emergency Contact Name During VBS Hours

() _____
Cell/Home Phone

() _____
Work Phone

() _____
Cell Phone

() _____
Work Phone

Please share medical conditions including allergies, vision/hearing concerns, physical limitations, learning disabilities, etc.

AUTHORIZATIONS FOR MEDICAL ATTENTION AND PUBLICITY

If my child needs medical treatment while participating, it is my wish that treatment be started while efforts are being made to contact me. I consent to medical procedures deemed necessary by the physician while efforts are continued to contact me. I accept responsibility for all cost related to such emergency treatment.

Yes

No

I give my permission to use pictures and the name of my child in publications from Grace Lutheran Church, which may include: bulletin boards, Ways of Grace, Grace website or local news paper.

Yes

No

Parent/Legal Guardian signature _____ Date _____

Name of Parent/Legal Guardian _____

