



# Bethlehem Lutheran Vacation Bible School

June 25-29, 2018 9am-Noon

18865 SW Johnson Aloha OR 97003

503-649-3380 blcfamily.org

For those entering pre-4 through 6<sup>th</sup> grade

Student's Name \_\_\_\_\_ M \_\_\_ F

Birthdate \_\_\_\_\_

**At time of VBS:** Age \_\_\_\_\_ Grade going into fall of 2018 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best # to call: \_\_\_\_\_ Second best# to call: \_\_\_\_\_

Email Address \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

Does your child have allergies or special needs (behavioral or physical) we should know about? If your child has special dietary needs please bring your own snack each day. \_\_\_\_\_

Does your child require or benefit from one-on-one support by use of an aide? \_\_\_ yes \_\_\_ no

If yes, please explain: \_\_\_\_\_

Name one friend your child wants to be grouped with: \_\_\_\_\_

(We can't guarantee this will happen)

**IN CASE OF EMERGENCY, PLEASE NOTIFY:** Name \_\_\_\_\_

Best # to call: \_\_\_\_\_ 2<sup>nd</sup> best # to call: \_\_\_\_\_

Relationship to child \_\_\_\_\_

### **AUTHORIZED ADULT(S) TO PICK CHILD UP AT VBS:**

Name(s) of those picking up my child: \_\_\_\_\_

Phone Number(s) of Authorized Adults: \_\_\_\_\_

Relationship(s) to Child: \_\_\_\_\_

\_\_\_\_\_ I consent to the use of photographs of my child in publicity, slideshows, & on the web.

\_\_\_\_\_ I do not consent to the public use of photographs of my child.

I give consent for my child to take part in all VBS activities under supervision, and agree that Bethlehem Lutheran Church will not be held responsible for accidents. I authorize designated and background checked VBS Staff/Bethlehem Lutheran volunteers to provide treatment for my child for injuries and/or illness but they will make an effort to contact me first. I understand that the information on this form may be released to medical personnel in case of medical emergency. I understand that the failure to disclose medical or emotional problems in advance may lead to serious consequences. I verify that everything contained on this form is complete & accurate to the best of my knowledge.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**Registration Fee: By June 10<sup>th</sup> \$13 \_\_\_\_\_ After June 10<sup>th</sup> \$15 \_\_\_\_\_**