

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 _____

2nd Child's Name _____
Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____
Food allergies or Medical concerns Y___N___
List/Explain _____

3rd Child's Name _____
Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____
Food allergies or Medical concerns Y___N___
List/Explain _____

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: _____ 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 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, 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 _____

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

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

Community Lutheran Church _____ 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

()

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 & the Christian Preschool of the Arts to place photographs of my child(ren) _____ on the website and / or pamphlets for advertising purposes.

Signed: _____

Date: _____