

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___ **T-Shirt Size** YOUTH___or ADULT___
List/Explain _____

2nd Child's Name _____
Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____
Food allergies or Medical concerns Y___N___ **T-Shirt Size** YOUTH___or ADULT___
List/Explain _____

3rd Child's Name _____
Gender: Male Female Birthdate ____/____/____ Grade in Fall: _____
Food allergies or Medical concerns Y___N___ **T-Shirt Size** YOUTH___or ADULT___
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 : _____ 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: _____