



# Vacation Bible School

Ages 3 (by 9-1-17) through completed 5th grade

June 18-22, 2018

9:00 a.m. - 12:00 p.m.

Extended Care: 8:00 - 9:00 a.m.

## REGISTRATION FORM

*(one per child)*

Child's Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver cell phone: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Morning Extended Care Option (8:00-9:00 a.m.) \_\_\_\_\_  
*(\$10 per child/week for extended care.)*

Friend request for crew assignment: \_\_\_\_\_

I was invited to St. Stephen VBS by: \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Cost: FREE**



**Please complete the information on the reverse side of this form.**

**Health Information**

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy/ID No.: \_\_\_\_\_

Please use the space below to tell us if your child requires special care in case of allergic reaction, asthma attack, etc. Be very specific. You may also contact Melissa Stearns, Children, Youth, & Family Ministries Director at 651-777-1107 with further information.

**Information Concerning Child and Learning**

Please share any insight you have regarding your child's interaction with others and participation at class time, including special needs, adjustment to new environments, acceptance of authority, etc.

**Promotional Release**

I give permission for my child's photo to be used for publicity purposes (newsletters, future VBS materials, etc.) without compensation:  Yes  No

**Parental Release**

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Vacation Bible School at St. Stephen Lutheran Church, including all activities. In the event of an emergency and I cannot be reached, I give permission for the supervising St. Stephen staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date**Return this completed form along with registration fee to:****St. Stephen Lutheran Church  
1965 East County Road E  
White Bear Lake, MN 55110**