

SONRISE NATIONAL PARK



# Grace Lutheran Church Vacation Bible School

## August 5<sup>st</sup> - August 9<sup>th</sup>, 2019

Please fill out one form per child.

We welcome all children ages 3 years to 5<sup>th</sup> grade.

Additional forms available at [www.gracelutheranracine.net](http://www.gracelutheranracine.net)

You can also register online at [vbsmate.com/GraceLutheranRacine](http://vbsmate.com/GraceLutheranRacine)

Child's Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Street Address: \_\_\_\_\_

Parent's/Legal Guardian's Names: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency (if parent cannot be reached), contact:

Name	Phone #	Relation
_____	_____	_____

Please list the individuals (including yourself) who are authorized to pick up your child from VBS: \_\_\_\_\_

Does your child have any allergies, medical conditions or special needs we should be aware of? (please list) \_\_\_\_\_

Place my child in the same group as (child's name): \_\_\_\_\_

Siblings attending VBS (names and ages): \_\_\_\_\_

Home Church: \_\_\_\_\_

Photo Release:

- I grant permission to take photographs/videos of my child while attending VBS.
- I do not grant permission to take photographs/videos of my child while attending VBS.

I give permission for my child to attend Vacation Bible School. I give my permission for the VBS staff to administer basic first aid to my child in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

\_\_\_\_\_  
Parent Signature Date

**Please return form to: Grace Lutheran Church, 3700 Washington Avenue, Racine 53405**