

FIRST LUTHERAN 2019 VACATION BIBLE SCHOOL REGISTRATION FORM

Monday, July 15th thru Friday, July 19th, 2019 ~ 5:30-8:00 P.M.

For kids ages 3 (by July 1, 2019) thru 6th grade (fall of 2019)

(Free-will offering supper served at 5:30)

Camper's Name _____

Sex _____ Age _____ Grade Completing _____

Name of Parent(s) or Guardian _____

Daytime Phone (____) ____-____

Cell Phone (____) ____-____

Address City State Zip

Email address _____

Name of Doctor/Health Care Provider _____ Phone (____) ____-____



Health Information: (Please continue on back of page or attach additional sheets if necessary.)

1. Immunizations: A) DPT Permanent Shots (series of 3): Yes / No
 B) Polio Immunization: Yes / No
 C) Date of last Tetanus booster:

2. Skin Diseases: Yes / No If yes, please explain:

3. Allergies (Food, Drugs, Hay Fever): Yes / No If yes, please explain:

4. Medications: List name(s) of medication(s) and dosage(s):

5. List any illness, chronic condition, or physical consideration the child has that may affect participation or safety:

6. Will you be joining us for the free-will offering supper? Yes / No If yes, how many? _____ (Parents are welcomed and encouraged to stay and help your child through the supper portion of the night, but it is not required.)

I authorize the following people to pick up my child from Vacation Bible School. If there are any changes in these arrangements, I will give advance written notice. (Note: If there are any special instructions, or any person who is not authorized to pick up your child, please make a specific note on this page.)

Name Phone Relationship

Name Phone Relationship

Signature of Parent/Guardian

(more on the back of this page...)

(...continued from other side)

RELEASE: I give permission for my child to participate in all related programs for the week and agree that the church, as well as staff and volunteers, will not be held responsible for accidents or personal injury arising therefrom. I authorize the adult leaders from the church to secure any medical or emergency treatment deemed necessary for my child. I also give permission for my child to be transported in the vehicles of adult staff and volunteers associated with the Day Camp Program. As my child's parent or guardian, I am the primary carrier of accident/health insurance for my child. I also grant permission for my child's photo to be used in any promotional materials by the camp and the church.

Signature of Parent/Guardian

FIRST LUTHERAN VBS WILL BE HELD JULY 15th - 19th, 2019
For kids ages 3 (by July 1, 2019) thru 6th grade (fall of 2019)

- ◆ My child will only be at Vacation Bible School these days: M T W Th F (*please circle*)
- ◆ My child's T-Shirt size is: YS YM YL YXL or Adult S M L XL (*please circle*)

*****Must register by July 1st to be guaranteed a T-shirt, but walk-ins are welcome!*****

Registrations may be dropped off or mailed to:

First Lutheran Church
c/o VBS Director
313 E Fayette Street
Manchester, IA 52057

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_____ I am interested in being a VBS volunteer.

Name(s) and Contact Info