



VBS 2010 Family Registration Card

June 20 - 24, 2010 (Sunday-Thursday) 5:30 - 8:00pm

Cost is \$5 per child (for 5th grade and below)
Scholarships are available

Last Name: _____ Phone Number: _____

Address: _____

City: _____ Zip-code: _____ E-mail: _____

Church currently attending: _____

Family Members

First Name: _____ Last name (if different from above): _____

If under 18: Birthdate: _____ Grade completed as of 6/10: _____

Allergies/Medical concerns: _____

Medications presently taking: _____

First Name: _____ Last name (if different from above): _____

If under 18: Birthdate: _____ Grade completed as of 6/10: _____

Allergies/Medical concerns: _____

Medications presently taking: _____

First Name: _____ Last name (if different from above): _____

If under 18: Birthdate: _____ Grade completed as of 6/10: _____

Allergies/Medical concerns: _____

Medications presently taking: _____

First Name: _____ Last name (if different from above): _____

If under 18: Birthdate: _____ Grade completed as of 6/10: _____

Allergies/Medical concerns: _____

Medications presently taking: _____

Parent contact information (if you will not be staying for the adult class):

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Emergency contact other than parent: (required for all registrants)

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Preferred Physician: _____ Phone: _____ Hospital: _____

Preferred Dentist: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____ Group #: _____

I GIVE consent for my child to receive emergency medical or dental treatment if I cannot be reached. I GIVE permission for photographs taken of my child at VBS to be used for purposes deemed appropriate by Alleluia! Lutheran Church. (Names will not accompany pictures) I hereby waive and release any and all rights and claims for damages I may have against Alleluia! for any and all injuries or illness that may be suffered in connection with my child's involvement with Vacation Bible School

Parent Signature: _____ Date: _____