

VBS Registration

Child's Name _____
Birth Date _____ Last Grade Completed _____
Father/ Mother's Name _____
Address _____

Home phone _____ Cell phone _____
Work phone _____ Other _____
Home congregation _____
Email Address: _____

In case of emergency (when the parent/guardian cannot be reached) please contact:
Name _____
Telephone _____
Relationship to child _____
Person(s) other than parent/guardian to whom this child may be released:
Name _____
Phone number _____

Known allergies or other concerns _____

Insurance Carrier _____
Policy # _____ Group # _____
Physician _____ Phone _____

I hereby give permission to Lebanon Lutheran Church and its staff to secure emergency medical treatment for the child named above, while attending day camp. I also give permission for my child to participate in supervised swimming and/or field trips while attending day camp. I acknowledge that my child's likeness may be used in publications.

Signature of parent/guardian _____ Date _____