



**St. Peter Lutheran Church Vacation Bible School Registration Form**

Due To Church Office By Noon May 15, 2017

Office: 260-356-6528 @ 605 Polk St.

June 5 - 9 9:00 - 11:30 am

Student Arrival/Dismissal Site: 648 N. Lafontaine St.  
Parking Lot North of Church Entrance on Level With Church

Student Name: -

\_\_\_\_\_

Age: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Allergies, Medical Issues, or Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) & Address of Legal Guardian(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Email Address(es):

\_\_\_\_\_

Emergency Contact Information In Order of Priority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Pick Up Names & Phone Numbers:

\_\_\_\_\_

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

General Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) 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.

Photo Release: I hereby grant the above-named church permission to copyright and use photographs/videos taken that VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any rights that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission To Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed.

\_\_\_\_\_

Signature of Legal Guardian(s)

Date