



**FOREST OAKS LUTHERAN CHURCH
2017 VACATION BIBLE SCHOOL REGISTRATION FORM**



July 10-14

9:00am to Noon

(One form per child, please)

Child's Name: _____ Gender: Male Female

Age: _____ Birthday: _____ Grade Completed: _____

Parents Names: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact Person: _____ Relationship to student: _____

Emergency Contact Phone: _____

People Who May Pick up the child: _____ Pickup Phone: _____

Food Allergies: Y N (Explain) _____

Medical Issues or Special Needs: (Explain) _____

Family Doctor: _____ Doctor's Phone Number: _____

Siblings attending VBS: (List Names and ages): _____

Home Church (if applicable): _____

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 photograph/film the minor designated above for any lawful purpose lawful associated with this VBS program. I waive any right that I may have to inspect or approve the finished product or written copy 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 above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Parent Signature _____ Date _____

Please return form to the church as soon as possible.

8555 Forest Oaks Blvd.

Spring Hill, FL 34606