



**Registration Form for
Vacation Bible School**

St. John Lutheran Church

**Monday - Thursday
June 26-29, 2017**

9:00 AM – NOON

OR

**Sunday - Wednesday
June 25-28, 2017**

6:00 PM – 8:00 PM

For all kids pre-K thru 6th grade!

Open to children who will be four (4) years old by Sept. 1st through those entering 6th grade in the 2017/2018 academic year.

Registration Fee: \$20 per child before March 1st

\$25 per child March 1 - April 30th

\$30 per child May 1 – 31st

\$35 per child after June 1st

Parent Last Name

Parent First Name

Home Phone Number

Street

City, State

Zip

Home Church

Email (we use email for all communication)

PLEASE CIRCLE YOUR CHOICE:

DAYTIME

OR

EVENING

Child's Name Last & First	Birthday MM/DD/YY	Age on Sept. 1, 2017	Last Grade Completed	Gender	Preferred T-Shirt Size* (circle one)
				M F	Youth S M L Adult S M
				M F	Youth S M L Adult S M
				M F	Youth S M L Adult S M
				M F	Youth S M L Adult S M

A medical form must be completed for each child (form on the reverse side).

Please have registration forms turned in by June 22 to allow for class preparation

*T-shirts are pre-ordered, and size requests are filled through registrations on a first-come, first-served basis. Each child will receive a t-shirt; we will do our best to honor your requested size.

Questions? Please contact Amy Gleason (651) 307-8949 amygleason2010@gmail.com

EMERGENCY MEDICAL AUTHORIZATION FOR ST. JOHN LUTHERAN VBS 2017

Family's Last Name _____

Parent/Guardian (1st Person to be contacted) _____

Phone _____ Alternate Number _____

Emergency Contact Person (if the above person cannot be reached) _____

Phone _____ Alternate Number _____

<p>Child #1 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>	<p>Child #2 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>
<p>Child #3 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>	<p>Child #4 Name: _____</p> <p>Food Allergy: YES NO Foods _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction _____</p> <p>Drug Allergy: YES NO Reaction: _____</p> <p>Other Allergies: YES NO Type/Reaction: _____</p>

Medical & Liability Release – Valid June 25-29, 2017

I, the undersigned parent or guardian of the above mentioned child(ren) participating in Vacation Bible School sponsored by St. John Lutheran Church, Woodbury, Minnesota, do hereby state that said child(ren) are physically and medically able to participate in said activity. I do hereby release and discharge St. John Lutheran Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted on behalf of said minor(s) and/or myself against St. John Lutheran Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representatives to administer first aid, and/or contact the Woodbury Medical Response Team.

Signature of Parent or Guardian

Date