



## VACATION BIBLE SCHOOL (VBS) REGISTRATION FORM

### ST. PAUL'S EVANGELICAL LUTHERAN CHURCH

250 BOWHALL ROAD  
PAINESVILLE, OH  
OFFICE (440) 354-3000

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ Gender: M F

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Grade just finished: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Place my child in the same group as (child's name): \_\_\_\_\_

Parent(s) Name (first and last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact (first and last name): \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Alternate Pickup Person (first and last name): \_\_\_\_\_

Alternate Pickup Phone#(s): \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

**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. **Parent/Guardian Initials** \_\_\_\_\_

**Photo Release:** I hereby grant St. Paul's Lutheran Church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right 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. **Parent/Guardian Initials** \_\_\_\_\_

**Permission to Attend:** I give permission for my child (named above) to attend the VBS listed above. I understand that the information I give for this registration will only be used by St. Paul's Lutheran Church.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date