

VBS 2023- Registration Form

St Andrew Lutheran Church

1005- 1ST Street East/ West Fargo

(701) 282-4195

Please return this form to the church by June 1st. Thank you!

At VBS, it's all about Jesus! Our VBS is designed for children 4 years old (*must be toilet trained*), up through students who have just finished 5th grade. Each night at VBS kids experience Bible stories, music, games, and more! Mark your calendar and invite your friends! We are excited about VBS and hope that YOU will be able to join us!

Dates & Times: Sunday-Thursday, June 4-8. There is an optional evening meal provided for the entire family from **5:15-6:00pm**. VBS activities will run from **6:00-7:30pm** We are excited for your child(ren) to attend VBS and have fun learning about Jesus!

Child Info

First & Last Name of Child: _____ ☐ Male ☐ Female

Child's Age: _____ Date of Birth: ____/____/____ School Grade this Fall: _____

First & Last Name of Child: _____ ☐ Male ☐ Female

Child's Age: _____ Date of Birth: ____/____/____ School Grade this Fall: _____

First & Last Name of Child: _____ ☐ Male ☐ Female

Child's Age: _____ Date of Birth: ____/____/____ School Grade this Fall: _____

Allergies, medical issues, or special needs of child: _____

In Case of Emergency, please contact: _____



Relationship to Child: _____

Emergency Phone#: _____

Parent Info

First & Last Name of Parent(s): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Cell Phone: (____) _____ - _____ Home Telephone: (____) _____ - _____

Email Address (Parent): _____ Church you attend? _____

Are you interested in helping during VBS? Yes _____ No _____

Permissions & Signature

Photo Release: Yes, I give permission to use photographs/videos taken at VBS of the minor(s) designated above for church publications (church Website, Facebook, Instagram, print & electronic newsletter, etc.). *

** If you do NOT want to give this permission write "no" here: _____.*

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child(ren) 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 service will be paid by me.

Permission to Attend: I give permission for my child(ren) named above to attend Vacation Bible School.

Parent Signature

Date