VBS 2023- Registration Form

St Andrew Lutheran Church

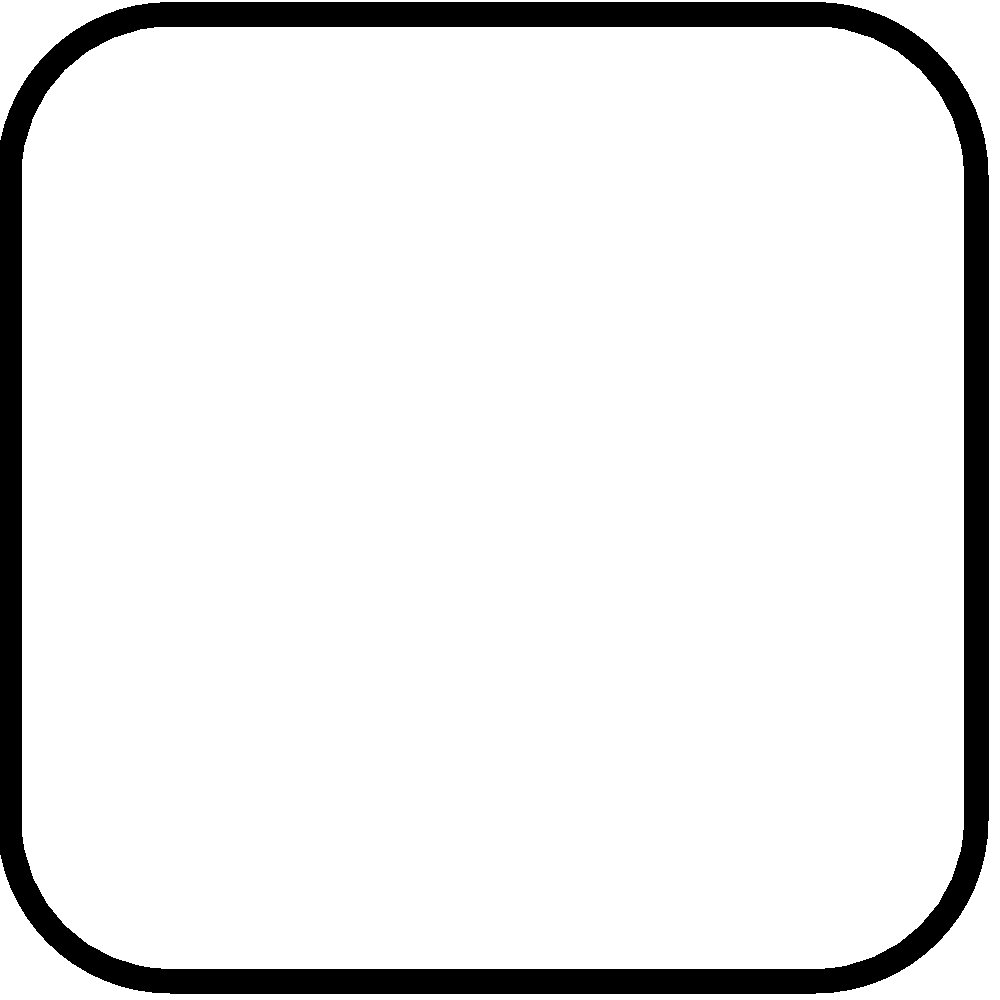
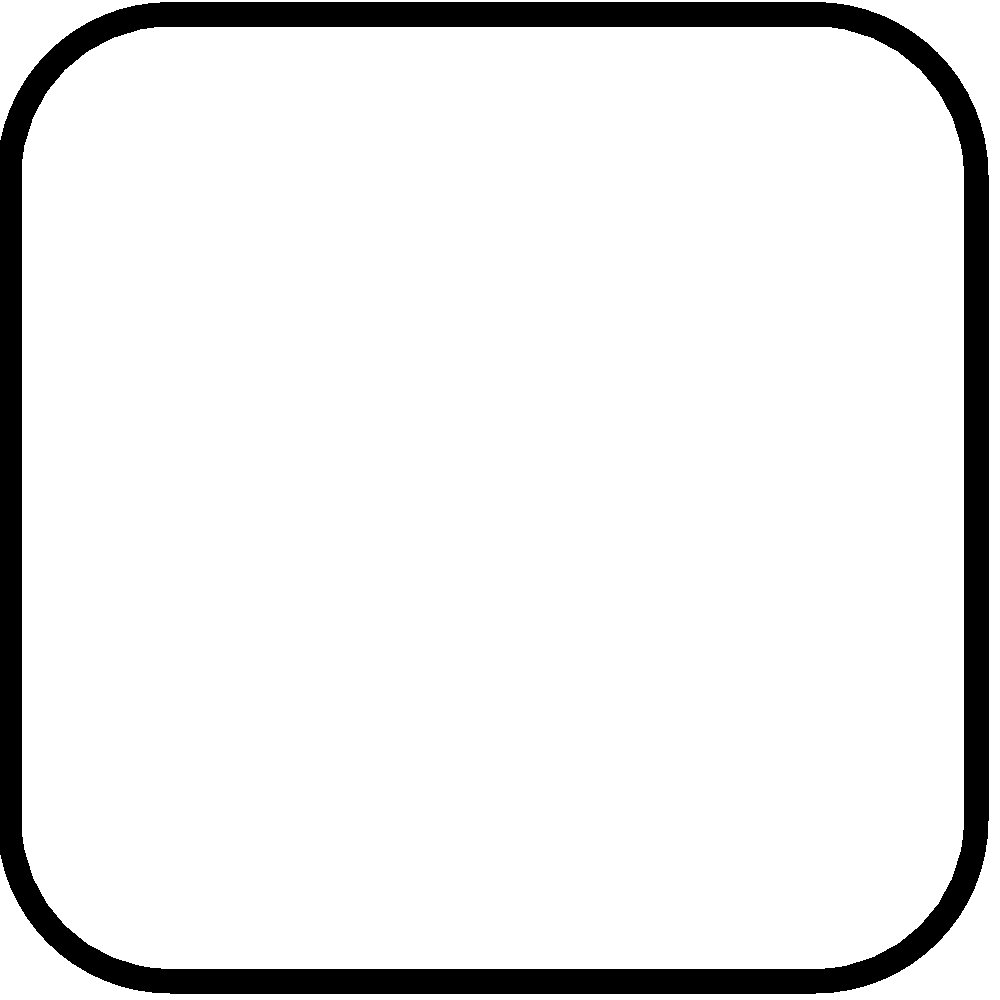
1005- 1ST Street East/ West Fargo

(701) 282-4195

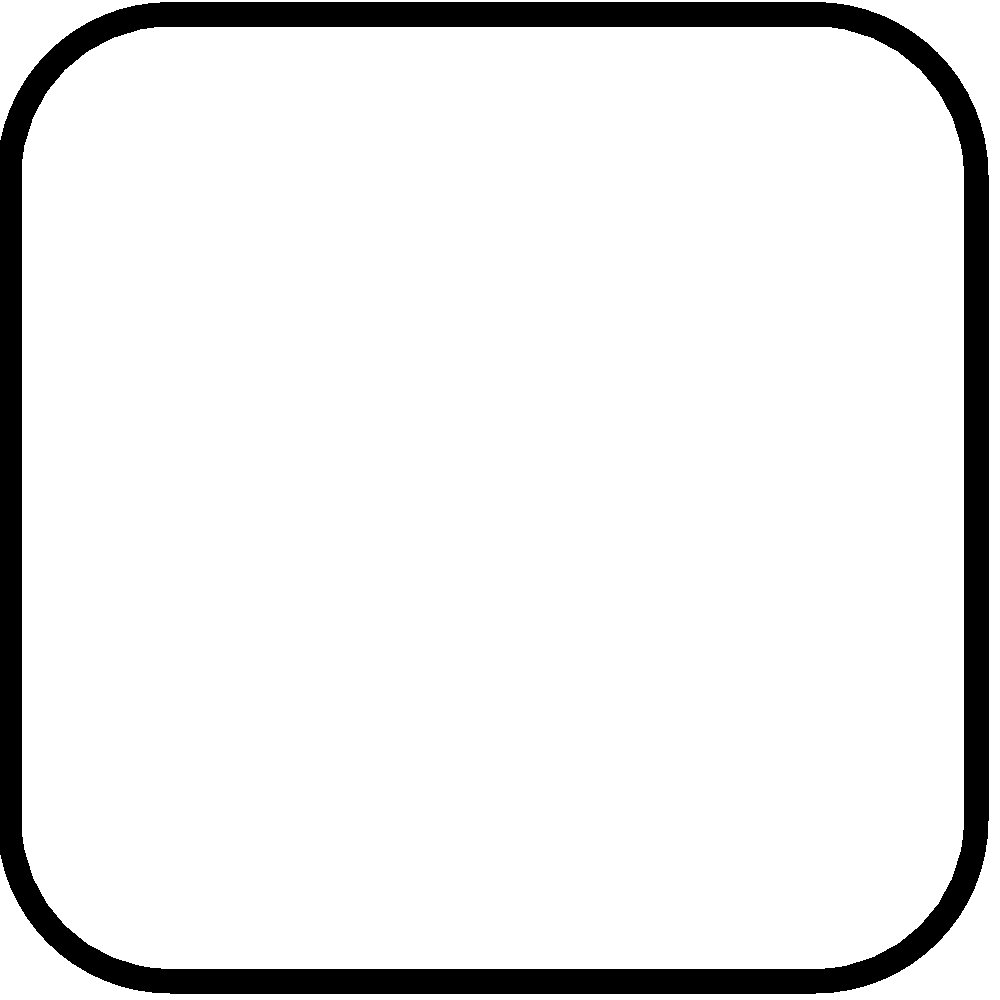
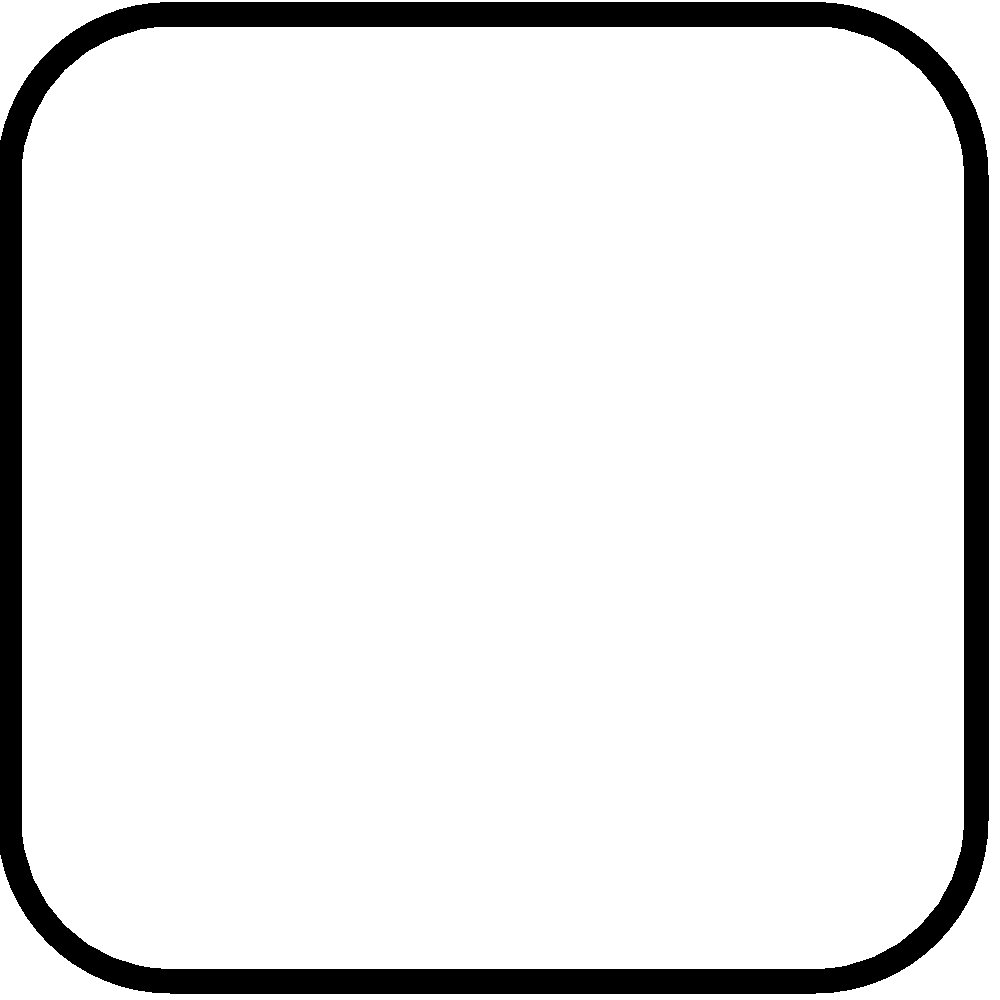
*Please return this form to the church by June 1st. Thank you!*



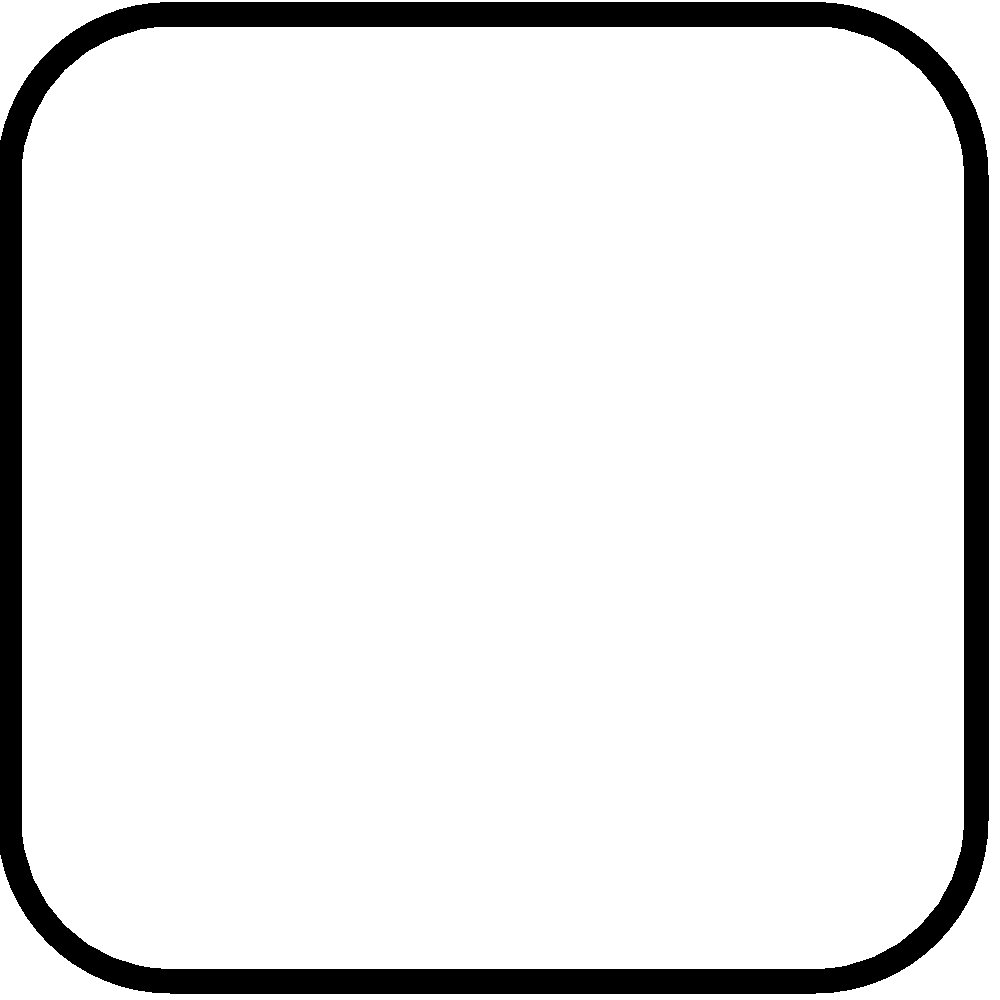
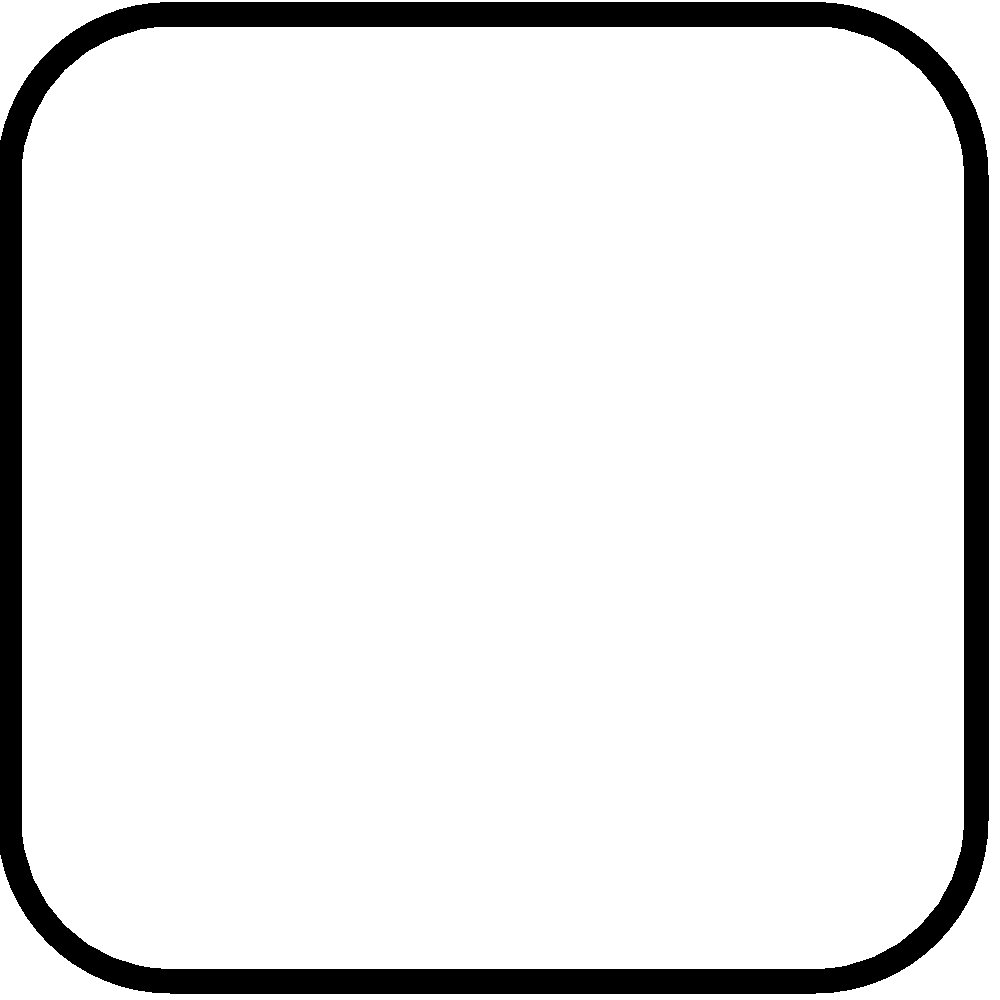
Child Info

First & Last Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female

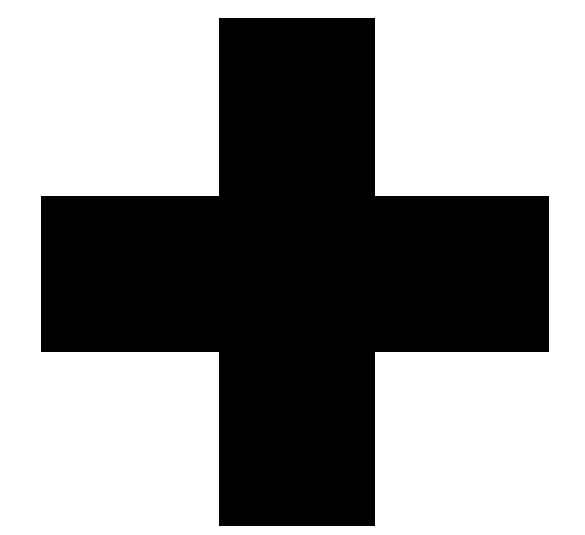
Child’s Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ School Grade this Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



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*