

2019 Summer Vacation Bible School Registration
Bethlehem Lutheran Church, Bayport, MN (490 N. Fourth Street)



Monday, June 10 – Thursday, June 13
9:00am-12:00pm

Please complete and return this Registration Form (Emergency Contact, Health History, Discipline Policy Information) with \$25 registration fee to the Bethlehem Church Office. For families of two or more children attending VBS, this form should be completed for each child with a \$50 family fee. Contact David Lim or Jenny Schoolman with questions at cyf.blcbayport@gmail.com or (651) 439-3450.

Child Information:

Child's Name: _____

Phone #1: _____ Phone #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Birth Date: _____ Current Age: _____

Gender (circle): **FEMALE** **MALE** Grade in Fall 2018: _____

Registration Fee: Cash or Check (payable to Bethlehem Lutheran)

- \$25 per child
- \$50 per family (2+ children)

T-Shirt Size (circle):

Child: **S M L XL**
Adult: **S M L XL**

Adult Contact:

Child's Name: _____

Relationship to Child: _____

Email Address (required): _____

Phone #1: _____ Phone #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred contact method: _____

Individuals Authorized to Pick-Up Child:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Individuals NOT Authorized to Pick-Up Child:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Health History:

(1) Does your child have any allergies or special needs of any kind (circle)? **YES NO**

If yes, please describe and indicate special precautions or care need. Please attach sheet if needed.

(2) Is your child taking any medications (circle)? **YES NO**

If yes, what kind and why:

(3) Other significant information about your child’s health/behavior that is helpful to know:

Photographic Release:

I hereby release all pictures of my child taken by Bethlehem for promotional purposes and programming materials including the Bethlehem website (circle): **YES NO**

Initials: _____

Authorization:

In the event that my child needs immediate medical attention for injuries received while participating in a Bethlehem’s program, I authorize the church staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed. My child has permission to be transported by the church staff to and from field trips.

I also herby acknowledge that Bethlehem staff will assume either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file with the church office that indicate otherwise.

Parent/Guardian Signature: _____

Date: _____