



**VACATION BIBLE SCHOOL
REGISTRATION/EMERGENCY CONTACT FORM**

Child's Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number(s): _____

Parent/Guardian Email Address(es): _____

Emergency Contact/Contact Number: _____

You may release my children to: _____

Allergies/Special Needs: _____

We have a church home: yes no We are members of: _____

I, (parent/guardian) _____, give permission for the staff of Lord and Savior Lutheran Church, to assist my child in the event of an emergency. I give my permission for pictures of my child to be used in bulletin inserts, Lord and Savior website and facebook pages.

Parent/Guardian Signature

Date