

**Resurrection Lutheran Church Vacation Bible School**

(Please complete all 3 pages)

June 26-29, 2017; 5:30-8:15 pm

Thank you for registering your child/children for the Resurrection Lutheran Church Vacation Bible School. We look forward to working with you and your family.

BASIC SCHEDULE FOR THE PRESCHOOL AND ELEMENTARY CHILDREN

5:30 to 6:00 pm -Please come into the church to sign your child in; dinner will be served to children, volunteers, and families

6:00 to 6:15 pm- Opening program for everyone

6:20 to 6:35 pm – Hometown Huddle: A gathering time with Tribe leader

6:40 to 6:55 pm - Travel to first station for the evening – there will be four stations. Each group will work at all 4 stations each night. First Rotation

7:00 to 7:15 pm- Second Rotation

7:20 to 7:35 pm- Third Rotation

7:40 to 7:55- Fourth Rotation

8:00 to 8:15 pm- Closing program for everyone

8:15 pm- Pick-up: Please come into the church to sign your child out. Adults must be prepared to show photo ID for pick-up.

Adult class: 6:15 to 8:00 pm Number of adults attending: \_\_\_\_\_ Please register

Our family will be eating the meal each night. Y/N Number of people: \_\_\_\_\_

Please come into the church to sign your child in; dinner will be served to children, volunteers, and families

Please complete the attached registration form to provide us more information about your child.

**Resurrection Lutheran Church VBS**

(Please complete all 3 pages)

June 26-29, 2017; 5:30-8:15 pm

CONTACT INFORMATION

Child's Name: \_\_\_\_\_ Nickname or preferred name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

Child's Shirt size \_\_\_\_\_

Is the child attending with a relative or friend? If so, please provide the name(s) of the other children who are attending. This may be used to place children in groups. If you want the children in the same or different groups, please indicate this as well.

\_\_\_\_\_

EMERGENCY and NON CUSTODIAL RELEASE CONTACTS

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

The following individuals are authorized to deliver and pick up campers: **(Adults must come into the church with photo ID and sign out the campers each evening).**

Name

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL and SPECIAL NEEDS INFORMATION

Are there any allergies/medical conditions that the volunteers at RLC need to know about the camper?

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Please describe any special needs : (hearing, visual, physical): \_\_\_\_\_

Some of the activities will be held outside. Do you permit your child to participate in activities outside?  
YES or NO

PHOTOS and PERMISSIONS

Resurrection Lutheran Church plans to take photos or videos for archival and promotional purposes. Do we have permission to take photos or videos of your child participating in the program? YES or NO

Does RLC have permission to use the photos or videos on bulletin boards around the church, in programming, or in marketing materials (including website and social media)? YES or NO

WAIVER and MEDICAL TREATMENT PERMISSION

Waiver: In case of an accident requiring medical treatment, I authorize that I/my child receive such treatment as the volunteers deem appropriate. I also agree not to hold Resurrection Lutheran Church or persons acting on its behalf, responsible for injuries suffered by myself/my child during activities sponsored by RLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT: none