

**TRINITY LUTHERAN CHURCH**

**VACATION BIBLE SCHOOL REGISTRATION 2025 – JULY 15<sup>th</sup> – 17<sup>th</sup>**

Forms must be returned by July 7<sup>th</sup> to the church office at 1200 Easy Street, M-F 9-11:30AM  
Or mailed to Trinity Lutheran Church, PO Box 1199, Brookings OR 97415 to be received by July 7<sup>th</sup>

(PLEASE PRINT – USE A SEPARATE FORM FOR EACH CHILD)

FIRST AND LAST NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ AGE: \_\_\_\_\_ (Age 3 thru 6<sup>th</sup> grade) GRADE ENTERING: \_\_\_\_\_

GEND: M / F CHILD'S REGULAR CHURCH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDR: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHN: \_\_\_\_\_ CELL PHN: \_\_\_\_\_

OTHER/EMRG CONTACT #: \_\_\_\_\_

EMRG CONTACT NAME: \_\_\_\_\_

ALTERNATE PICKUP NAME(S): \_\_\_\_\_

NOTE ALLERGIES/OTHER SPECIAL NEEDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Release: I give my permission for Vacation Bible School (VBS) staff to administer basic first aid to my child named above in the event of an injury. I understand that VBS staff will contact emergency services in the event of significant injury and all expenses for such services will be paid by me.

Photo release: I hereby grant Trinity Lutheran Church permission to copyright and use photographs/videos taken at VBS of the minor named above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy that may be used in conjunction therewith, or the use to which it may be applied.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

IF YOU HAVE QUESTIONS ABOUT THIS FORM OR ABOUT VBS,  
PLEASE CALL THE OFFICE M-F 9-11:30AM AT **(541) 469-3411**

IF NO ANSWER, LEAVE A MESSAGE, INCLUDING YOUR PHONE NUMBER, AND WE WILL GET BACK TO YOU