St. Paul Lutheran Church
Vacation Bible School (VBS)
Registration Form

1. Child's Information

- **Child's Full Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____ / _____ / _____ **Age:** _____
- **Grade Entering in Fall:** _____
- **T-Shirt Size (Circle One):** YS | YM | YL | AS | AM | AL

2. Parent/Guardian Information

- **Primary Contact Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** (_____) _____ - _____
- **Email Address:** _____
- **Secondary Contact Name:** _____
- **Phone Number:** (_____) _____ - _____

3. Emergency & Pick-Up Information

- **Emergency Contact (If parents cannot be reached):** _____
- **Emergency Phone:** (_____) _____ - _____
- **Authorized Pick-Up Persons:**
- 1. _____
- 2. _____

4. Medical & Allergy Information (Crucial)

Please note: We take your child's safety seriously. Snacks will be served daily.

- **Does your child have any food allergies?** [ ] YES [ ] NO
- **If YES, please list specific food allergies:**
  _____
- **Reaction Severity & Symptoms:** _____
- **Does your child carry an EpiPen?** [ ] YES [ ] NO
- **Other Medical Conditions/Medications we should be aware of:**

5. Permissions & Photo Release

- **Photo Release:** I grant permission for St. Paul Lutheran Church, Plainview TX to use photos/videos of my child for VBS promotional materials and slide shows.
  [ ] **Yes, I agree** [ ] **No, please do not photograph my child**
- **Medical Release:** In the event of an emergency, I give permission to the VBS staff to seek medical treatment for my child if I cannot be reached.
  [ ] **Yes, I agree**

Parent/Guardian Signature: _____
Date: _____ / _____ / _____