## ST.JOHN'S LUTHERANCHURCH 2024 VACATION BIBLE SCHOOL REGISTRATION FORM (2-SIDED)

1 Iddi C55			
City	State	Zip	
Date of Birth	Grade	Entering in Fall of 2024	
Home Phone			
***All childrer	ı must be betwe	en the ages of 3 years old and $6^{th}$	grade.
***All childrer	n must also be p	otty-trained.	
Mother's Name	Cell	Email	
Father's Name	Cell	Email	
Persons authorized to	pick up my child		<u>-</u>
		oral issues, medications, etc)	
<u>=</u>		onship to Student	
	imp Flight	Tuesday-Thursday August 6-8 9:30 am – 12:30 pm	

<b>Photo Release</b> : I permit my child's photo to be used:	
Posters displayed in the church	
In the church's weekly and monthly newslette	ers and on the website
My child's first and last name may be used.	
<b>Medical Release:</b> In case of a medical emergency, I give my consense nearest hospital, and for the attending physician to administer any plant's education staff permission to administer basic first aid (bandeducation staff will not administer any medication without written the medication is to be administered. Whenever possible, please give before bringing him/her to class. If you child has been issued an E Needs on the registration form.	necessary medical treatment. I give St. d-aids, etc) to my child. Please note: The consent form the child's parent on the day ive your child any needed medications
Your Health Carrier:	
Parent's Signature:	Date:
Return to: St. John's Lutheran Church, 505 N. York Road, Ha Metheny; OR drop off at the church office Monday – Friday (h sjchrised@gmail.com.	