



Vacation Bible School (VBS) Registration Form

When: July 23rd – July 27th, 2018 (Mon - Fri) from 9am to 12noon*

Where: Our Savior Church, 140 Mark Tree Rd, Centereach 11720

Phone: (631) 588-2757

Who: Children PreK - 6th grade

*Closing program details to be announced

Join us for a rip-roaring river ride where we'll discover God's promise on life's wild ride! Each day we'll do crazy crafts, engage in interactive Bible stories, have super snacks, play cool music and hyper speed games!

Cost: \$35 per child for the week. Family Discount: 1st child \$35, additional siblings \$25 each

Registration deadline: Please sign-up before July 15th, so we can serve you better.

Child's Name _____ Gender M / F Grade completed _____

Age _____ Birth date _____ School _____

Address _____ City _____ Zip _____

Phone number () _____ Parent's Email _____

Parent's/Guardian's Names _____ Cell # () _____

Parent's/Guardian's Names _____ Cell # () _____

Emergency Contact Name/relation _____ Phone () _____

Food Allergies & Medical concern ☐ Yes ☐ No Explain _____

Doctor's name and phone # _____ Church Affiliation _____

People who may pick up the child (Print clearly) _____

Vacation Bible School (VBS) Permission and Release

Permission:

We the parent/guardians of _____, residing at _____ do hereby give permission for the above child to participate in all of the activities at Vacation Bible School (VBS).

Release:

We, the undersigned parent/guardians of the above child, do hereby release Our Savior Lutheran Church, VBS and their leaders and assistants from any and all responsibility and liability of any nature including illness, injury or loss of property. In the event that parents or approved guardians cannot be reached in an emergency, I hereby give permission to the staff of Our Savior Lutheran Church to secure proper treatment.

Signature of Parent or Legal Guardian

Print Parent or Legal Guardian name

Date

Office Use Only: Date received _____ Notes _____ Cash / Check # _____ Amount: _____