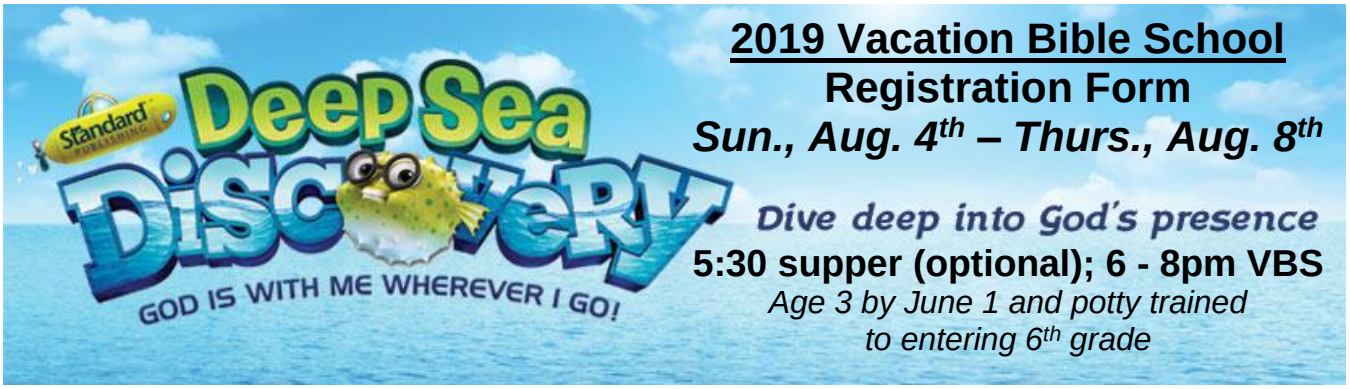

2019 Vacation Bible School
Registration Form
Sun., Aug. 4th – Thurs., Aug. 8th

Dive deep into God's presence

5:30 supper (optional); 6 - 8pm VBS

Age 3 by June 1 and potty trained to entering 6th grade

Child's Name: _____ Age: _____

Grade completed as of June 2019: _____ Gender: _____

Child's Name: _____ Age: _____

Grade completed as of June 2019: _____ Gender: _____

Child's Name: _____ Age: _____

Grade completed as of June 2019: _____ Gender: _____

Parent(s) Name(s): _____

_____

Address: _____

City: _____ Zip Code: _____

Home phone: _____ Cell: _____

E-mail Address: _____

My child would like a friend in his/her group: (Names)

_____ **I would like to help with VBS!**

Choose a job or jobs: set-up, teaching, teaching aid, making dinner, music: _____

Please return this form to OSLC Office at Our Saviour's by Sunday, ***July 28th.***

Call (920)734-6396 or email office@oslc-appleton.org with questions.

NOTICE REGARDING PHOTOGRAPHS

Throughout the week, photographs of our students will be taken as they engage in Vacation Bible School. We'd like to use the photos on bulletin boards, during a worship service, in the "Our Glass," on the church Facebook page (names will NOT be used) and on the Our Saviour's website, as a way of sharing our VBS experience with members.
CONSENT: Yes, I do hereby give my permission for Our Saviour's to use photographs of my child(ren).

Signature of parent or Guardian: _____ ***Date:*** _____

If you do not wish your child's picture to be used check this box: ☐

MEDICAL RELEASE

My child(ren), name(s) as listed above, have my permission to participate in Vacation Bible School at Our Saviour's Lutheran Church from August 4th – 8th, 2019. This consent gives permission for Our Saviour's personnel to seek whatever medical attention is deemed necessary, and releases the Church and its staff, volunteer chaperones, or adults who are 18 years of age or older, of any liability against personal losses of named students. I hereby release Our Saviour's Lutheran Church, its staff and adult volunteers from any and all liability from injury, loss, or damage to person or property that may occur during the course of Vacation Bible School. In the event my child(ren) is injured and requires attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I acknowledge I will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. The health insurance information below is accurate to the best of my knowledge, and I agree to bring my child home at my expense should they become ill or if deemed necessary by the youth ministries staff.

Child(ren)'s Physician Name: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone number: _____

Child(ren)'s allergies:

_____

Current Medications: _____

Other medical conditions: _____

Signature of parent or Guardian: _____ *Date:* _____

VBS registration is FREE, though free-will donations will be accepted.