



**Peace Lutheran Church**  
**Vacation Bible School Registration**  
**June 11-15, 2018 9:00 AM-12:00 PM**  
**Ages 4 years old – 6<sup>th</sup> grade**  
*(Please complete one form per family.)*

**Student(s)**

*(Parents and Guardians: Vacation Bible School should be a safe and fun learning experience for all the participants. If your student is not comfortable being away from family members, please be prepared to stay with them until they feel more secure.)*

	Name	Age	Gender	Last Grade Completed
<b>Student 1</b>				
<b>Student 2</b>				
<b>Student 3</b>				
<b>Student 4</b>				

**Parent/Guardian Name(s) and relationship to student(s)**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Secondary Phone:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of ONE friend or family member your student might like to be with.** *Due to the number of participants, we can only accommodate one request.* \_\_\_\_\_

**Registration**

- Registration is \$35 for each participant, nonrefundable
- Make checks payable to Peace Lutheran Church with “VBS” written on the memo line.
- Return completed registration forms and checks to the “VBS Registration” box, located in the hallway near the office entrance of the main church building or mail to Peace Lutheran Church - VBS, 10625 RR 620N, Austin, 78726
- For information or financial assistance contact Jacob Thogmartin at vbs@peaceaustin.org

**Please complete the back.**

**T-shirt size, please choose one per student:**

- Child small (6-8) \_\_\_\_\_
- Child med (10-12) \_\_\_\_\_
- Child large (14-16) \_\_\_\_\_

**Emergency Contact and Health Information**

Emergency contact name and phone number during VBS hours if the parent/guardian named above is not available.

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**Existing Health Conditions, Restrictions, Allergies, Special Needs**

(Please be specific when listing food allergies. We will be sampling a variety of foods during the week. )

Student 1: \_\_\_\_\_

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Student 2: \_\_\_\_\_

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Student 3: \_\_\_\_\_

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Student 4: \_\_\_\_\_

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**Medical and Liability Release**

I understand that in the event of a medical emergency, every attempt will be made to immediately contact the parent/legal guardian or other designated individual. If no one can be reached during the activity dates; June 11-15, 2018, 9:00 AM to 12:00 PM, I give my permission to secure medical treatment as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Peace Lutheran Church. I understand the possibility of unforeseen hazards and agree not to hold Peace Lutheran Church, its leaders or its employees liable for damages, losses, diseases or injuries incurred by the children listed on this form.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography and Video Release**

Peace Lutheran Church has my permission to use any photograph, artwork or video of my student(s) in printed or electronic publications and on the Peace Lutheran Church website. Names of students will not appear on the website and/or social media

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_