

Calvary Lutheran Church

RAINFOREST EXPLORERS VBS REGISTRATION

Student Information

First and Last Name:

Nickname:

Gender: Male Female

Age as of July 1, 2022 (note that child must be at least 5 years old)

Grade student will enter in fall of 2022

Kindergarten

1st

2nd

3rd

4th

5th

Medical Information

Allergies:

Medical Issues or Special Needs:

Other information VBS staff should know about your child

Parent Information

First and Last Name:

Address:

Email Address:

Primary Phone Number:

Other Phone Number:

Emergency Contact

First and Last Name

Primary Phone Number

Other Phone number

The following people are authorized to pick-up my child/ren from VBS.

Please list all names and primary phone number including yourself (if applicable)

Medical Release:

_____ (**Initial**) I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release:

_____ (**Initial**) I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend

_____ (**Initial**) I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Please return the completed VBS registration form to the church office at

3 Eayrestown Road, Medford, NJ 08055

Or email a completed copy to office@calvary-medford.org