



Registration Form

2010 Vacation Bible School

St. Luke Lutheran Church

*Please complete both sides of this registration form - One form per child
Space is limited - first come, first served until the programs are filled
Registration begins for St. Luke members, April 1, 2010
Registration begins for non St. Luke members, May 1, 2010*

Program Options - please select one

_____ Half-day preschool program for children enrolled in a 3's, 4's or Pre-K preschool in the 2009/2010 school year. Children must be three years old by Sept. 1, 2009.
9:00 a.m. - 12:00 p.m. Cost: \$10.00 per child*

_____ Half-day elementary program for students enrolled in Kindergarten through 5th grade in the 2009/2010 school year. 9:00 a.m. - 12:00 p.m. Cost: \$10.00 per child*

_____ Full-day program for students enrolled in 4th or 5th grade in the 2009/2010 school year. We will attend the morning VBS program then participate in fun-filled field trips and service projects in the afternoon hours! 9:00 a.m. - 3:00 p.m. Cost: \$60.00 per child*

** Please attach a check with this registration form*

** Maximum of \$30.00 per family for the Half-Day Program*

Participant Information

Child's Name: _____ Age: _____

Birth Date: _____ Grade in 2009/2010 school year: _____

If possible, I would like to be in a group with: _____

Parent's Name: _____ Phone Number: _____

Email Address: _____ Home Church: _____

____ Your child's photo may be taken during the week of VBS. Please check here if you do not wish to have it appear on our church website.

____ There are many opportunities to assist with VBS both before and/or during the week of VBS. Please check here if you are interested in helping and we will contact you!

Questions? Please contact Debbi McCollom

debbi@stlukechurch.com 503 246-2325



St. Luke Lutheran Church
Permission Slip and Medical Consent Form

I give my son/daughter, _____, permission to participate in the following St. Luke Lutheran Church event:

Event: Vacation Bible School

Date: June 21-25, 2010

Location: St. Luke Lutheran Church

Time: 9:00 am -12:00 pm (Half-day Program)

9:00 am - 3:00 pm (Full-day program)

I hereby release St. Luke Lutheran Church from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of St. Luke Lutheran Church to consent to and authorize emergency medical, surgical, or dental treatment to be given to my son/daughter, _____, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent or Guardian: _____
(print name) (signature)

Date: _____

Personal and Emergency Contact Information

Address: _____
(street) (city) (state) (zip code)

Phone Numbers: _____
(home) (work) (cell/pager)

Emergency Contact: _____
(name) (relationship) (phone)

Medical and Insurance Information

Family Physician: _____
(name) (phone)

Health Insurance: _____
(Company) (Policy Number) (Group Number)

(Policy Holder's Name) (Customer Service Phone)

Allergies
: _____

Physical Limitations: _____

Medical Conditions: _____

Current Medications: _____

Additional issues you wish us to be aware of: _____