



Registration Form

2019 Vacation Bible School
St. Luke Lutheran Church
June 17-21, 2019
Monday-Friday

Please complete both sides of this Registration Form. One form for each child.
Registration is complete upon payment and signed Permission Slip/Medical Consent Form.
Space is limited - first come, first served until the programs are filled.*
Registration is April 7 through June 2, 2019 for all.

Program Options - Please select one

- _____ Half-day preschool program for children enrolled in a 3's, 4's or Pre-K preschool in the 2018/2019 school year. Children must be three years old by September 1, 2018 and potty trained. 9:00am - Noon. **Cost is \$20 per child***
- _____ Half-day elementary program for students enrolled in Kindergarten through 5th grade in the 2018/2019 school year. 9:00am - Noon. **Cost is \$20 per child***
- _____ Full-day program for students enrolled in 4th or 5th grade in the 2018/2019 school year. We will attend the morning VBS program then participate in fun-filled field trips and service projects in the afternoon. (NOTE: student need to bring a sack lunch each day.) Hours. 9:00am - 3pm. **Cost is \$60 per child***

- * Half-day Program maximum is 90 students; Full-day Program maximum is 30 students
** Please attach check with Registration Form
** Maximum of \$50 per family for the Half-day Program only.

Participant Information

Child's Name: _____

Birth Date: _____ Grade in 2018/2019 school year: _____

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

Parent's Name: _____ Phone Number: _____

E-mail 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 St. Luke publications, electronic or printed, or on media outlets, television, radio, or printed.
- _____ 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: Susan Tremper (503) 709-2035
Jodi Swigart (503) 358-0153**

www.stlukechurch.com/VBS for more forms, if needed.

Mail completed form to: St. Luke Lutheran Church
4595 SW California Street • Portland, Oregon • 97219 • (503) 246-2325

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
Dates: June 17-21, 2019

Location: St. Luke Lutheran Church
Time: 9:00am - 12:00pm (Half-day Program)
9:00am - 3:00pm (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 judgement 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: _____
(cell) (home) (work)

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

Medical and Insurance Information

Family Physician: _____
(name) (phone)

Health Insurance: _____
(company name) (policy number) (group number)

(policy holder's name) (company's Customer Service Phone)

Allergies (include food): _____

Physical Limitations: _____

Medical Conditions: _____

Current Medications: _____

Additional issues you wish us to be aware of: _____
