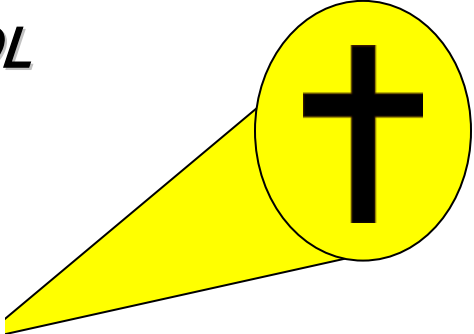


# TRINITY'S VACATION BIBLE SCHOOL

## Guardians of God's Galaxy



**MONDAY - FRIDAY, JULY 16<sup>th</sup> - 20<sup>th</sup>, 2018 9:00AM to 12NOON**

**REGISTRATION FORM- Please fill out COMPLETELY and Legibly!**

**Register by July 1<sup>st</sup> – FREE! and guarantees a T-shirt! (After July 1<sup>st</sup> - \$5 and T-shirts based on availability!)**

VBS is open to all children 4yrs (by Sept. 1<sup>st</sup>) through 6<sup>th</sup> grade (completed)  
PLEASE PRINT

1<sup>st</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade Completed \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade Completed \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade Completed \_\_\_\_\_

T-shirt size(s) needed: (mark for each child): Youth S \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ Adult S \_\_\_\_\_ AdM \_\_\_\_\_ AdL \_\_\_\_\_ AdXL \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street, City, Zip \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Congregation (if not Trinity) \_\_\_\_\_

For Office Use Only:

Yes, I want to serve as a VBS volunteer! (Must be 7<sup>th</sup> grade and older to volunteer and if age 18 or older, must have child protection clearances on file at Trinity Lutheran Church.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ I am available to help prepare for VBS in the weeks prior to 7/16

\_\_\_\_ I am available for set-up on Sat. July 14 and Sun. July 15<sup>th</sup> (*We need lots of help!*)

\_\_\_\_ I am available the week of VBS 7/16-20  
(Please check all that are applicable!)

Trinity Lutheran Church  
108 S. Robeson Street  
Robesonia 610-693-6062  
July 16-20, 2018

EMERGENCY INFORMATION- PLEASE PRINT CLEARLY!

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ Grade Completed \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ Grade Completed \_\_\_\_\_

3rd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_ Grade Completed \_\_\_\_\_

**\*\*In case of emergency and the parent/guardian cannot be reached, please contact:**  
(MUST be available during VBS Hours 9am-12noon):

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ Phone: (other) \_\_\_\_\_

**Person responsible for picking up child at the end of each VBS day BY 12 NOON:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

*List any allergies (food\*, stings, medication+), medical conditions or medications that we need to be aware of:  
(Please use separate line for each child- attach additional sheet if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**+IF YOU MUST SEND MEDICATION WITH YOUR CHILD IT MUST BE IN ORIGINAL CONTAINERS WITH APPROPRIATE LABELS**

**\*PLEASE SEND A SNACK WITH YOUR CHILD IF THEY HAVE FOOD ALLERGIES!**

*In the event of any emergency, and if I cannot be reached, I give my permission to the physician or other healthcare provider chosen by the VBS Director, to administer proper treatment for him/her without involving this Bible School or Trinity Lutheran Church in any liability.*

Insurance I.D. No. \_\_\_\_\_ Carrier \_\_\_\_\_

Name of Person Insured \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

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