

# Trinity's Vacation Bible School

Monday - Friday, July 18<sup>th</sup> thru 22<sup>nd</sup>, 2016 9:00am - 12 noon

God will help us find what's inside all of us!

Heart, Courage, Wisdom, Home...and Toto, too!

## The Wonderful Wisdom of God

### REGISTRATION FORM

Register by July 5<sup>th</sup> -FREE! and guarantees a T-shirt! (\$5.00 after July 5<sup>th</sup> 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 \_\_\_ Y M \_\_\_ Y L \_\_\_ / Adult S \_\_\_ A M \_\_\_ A L \_\_\_ A XL \_\_\_

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

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

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

For Office Use Only:

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

Yes, I want to serve as a VBS volunteer! (must be 7<sup>th</sup> grade and older)

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

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

\_\_\_ I am available to help prepare for VBS in the weeks prior to 7/18

\_\_\_ I am available for set-up on Sunday, July 17<sup>th</sup> (We need lots of help!)

\_\_\_ I am available the week of VBS 7/18-22

(Please check all that are applicable!)

PLEASE COMPLETE BACK OF REGISTRATION FORM! OVER



# Trinity Lutheran Church

108 S. Robeson Street  
Robesonia 610-693-6062

July 18-22, 2016

## EMERGENCY INFORMATION

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 \_\_\_\_\_

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

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

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

Phone: (home) \_\_\_\_\_ 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)*

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**\*Please send a snack with your child if they have severe food allergies!**

*In the event of any emergency, and if I cannot be reached, I give my permission to the physician or dentist 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: \_\_\_\_\_

THESE FORMS ARE KEPT CONFIDENTIAL AND ONLY USED IN THE EVENT OF AN EMERGENCY  
THEY ARE SHREDDED AT THE COMPLETION OF VBS