**Vacation Bible School Registration Form**

*Grace Lutheran Church*

*460 75th Ave. NE Fridley, MN 55432 | (763) 784-8784*

* VBS will be held July 22-26, 9:00 am - 11:30 am each day.
* There will be a picnic on Friday following the day’s activities.

Theme: "I believe in Jesus Christ." 1) Conception and Birth 2) Baptism and Temptation 3) Preaching and Healing 4) Death and Resurrection

5) Ascension and Return

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| --- | --- | --- |
| First and Last Name | Grade | Age |
| [Child #1] | [Grade] | [Age] |
| [Child #2] | [Grade] | [Age] |
| [Child #3] | [Grade] | [Age] |
| [Child #4] | [Grade] | [Age] |
| [Child #5] | [Grade] | [Age] |

**Address:** [Please enter full address of child(ren) attending.]

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| --- |
| *Parent/Guardian #1* |
| **First and Last Name:** [Please enter first and last name of Parent/Guardian #1.] |
| **Phone Number:**[Please enter primary phone number.] **Text?** Yes [ ]  No [ ]  |
| **E-mail Address:**[Please enter primary e-mail address.] |
| *Parent/Guardian #2* |
| **First and Last Name:** [Please enter first and last name of Parent/Guardian #2.] |
| **Phone Number:** [Please enter primary phone number.] **Text?** Yes [ ]  No [ ]  |
| **E-mail Address:** [Please enter primary e-mail address.] |

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| *Other Information* |
| **Name of Emergency Contact:** [Please enter first and last name.] |
| **Phone Number of Emergency Contact:** [Please enter primary phone number.] |
| **Please provide the name(s) of anyone who might be picking your child(ren) up, other than parent/guardian:**[Please enter first and last name(s).] |

*Minor Medical Treatment Authorization*

I authorize the Vacation Bible School staff at Grace Lutheran Church to administer minor medical treatment of minor cuts and scrapes to my child while my child is under the staff’s care at Vacation Bible School. **Agree?** Yes [ ]  No [ ]

*Emergency Medical Treatment Authorization*

If a parent/guardian or the designated emergency contact cannot be contacted, I authorize emergency medical treatment to be administered by trained medical personnel (e.g., first responders, hospital emergency room staff) in case of my child’s severe illness or injury. **Agree?** Yes [ ]  No [ ]

*Upon completion of this form, please e-mail to Pastor John Hein:* john.p.hein@gmail.com

*If you have any questions, please call or text Pastor Hein at (612) 408-1635.*

**Grace Lutheran School (K-8th grade) is now open for enrollment!**

For more information, please contact Principal Janelle Hein:

Email: janellehein@gmail.com

Phone: (763) 784-6340

School Website: <http://school.clcgracelutheranchurch.org/>