

VACATION BIBLE SCHOOL REGISTRATION FORM

St. Peter Lutheran Church

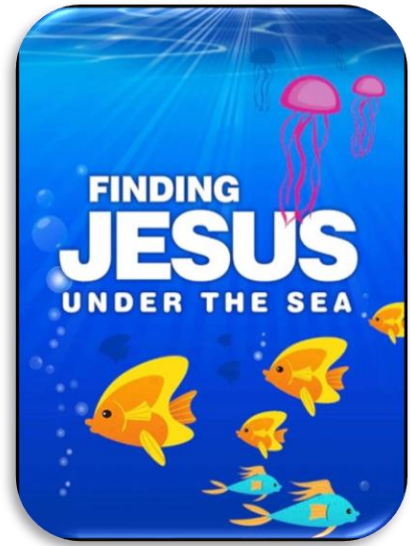
9451 Ashland Rd., Wooster, OH 44691
(Located in New Pittsburg)

Theme: **Finding Jesus**
Under the Sea

Date: **July 11-July 15, 2022**

Time: **6 pm to 8 pm**

*Online Registration Available @ www.stpeterlca.org/childrens-education/



♥ Classes Available for ages entering Pre-K through entering 6th Grade.

We are encouraging any older siblings that would like to help to please sign up below!

Parent/Guardian Name: _____

Address: _____

Phone: _____ Work Number: _____

Church Member? _____ Name of Your Church: _____

Would you like more information about this church? _____

Sibling Volunteer: _____

Emergency Contact: _____ Phone: _____

Child's Name _____

Date of Birth: _____ Grade (entering in fall): _____

Allergies or Other Concerns: _____

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Date of Birth: _____ Grade (entering in fall): _____

Allergies or Other Concerns: _____

Child's Name: _____

Date of Birth: _____ Grade (entering in fall): _____

Allergies or Other Concerns: _____

****PLEASE SIGN MEDICAL RELEASE ON REVERSE SIDE FOR EACH CHILD.****

Media Image Opt-Out form included.

► In order to secure material for each child
please pre-register by June 27.**

**One medical release form required for each child attending VBS.
PLEASE SIGN FOR EACH CHILD ATTENDING.**

I (we), the parent/guardian of _____

By the signature on this document grant permission to any licensed physician to perform, as needed in the case of an emergency, any medical treatment on the above listed child that would normally require parental authorization.

Signature _____

Date _____

I (we), the parent/guardian of _____

By the signature on this document grant permission to any licensed physician to perform, as needed in the case of an emergency, any medical treatment on the above listed child that would normally require parental authorization.

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Signature _____

Date _____

Media Images Opt-Out Form

Sign this form only if you *DO NOT* want media images or recordings of you or your minor children used in St. Peter Evangelical Lutheran Church publications.

I, _____ (please print your name) object to the release or use of any media images or recordings that will be produced, used, or distributed by St. Peter Evangelical Lutheran Church for church purposes.

Please enter first and last names of all family members to be included in the opt-out.

SIGNED _____ Dated ____/____/____