

**Registration Form:** (one child per form)

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\*Student First Name: \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Age: \_\_\_\_\_ Gender: Male Female

\*Grade for 2018-19 school year: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

\*Allergies, Medical Issues or Special Needs:  
\_\_\_\_\_  
\_\_\_\_\_

\*Parent Name (first and last): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

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

\*Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

\*Emergency Contact (first & last name): \_\_\_\_\_

Phone: \_\_\_\_\_

\*Alternate Pickup (first & last name): \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*=required fields

**Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

**Photo Release:** Would you allow your child to be photographed during the week of VBS to be used in online posts and/or displayed at church? Yes \_\_\_\_\_ No \_\_\_\_\_

**Consent and Release from Liability:**

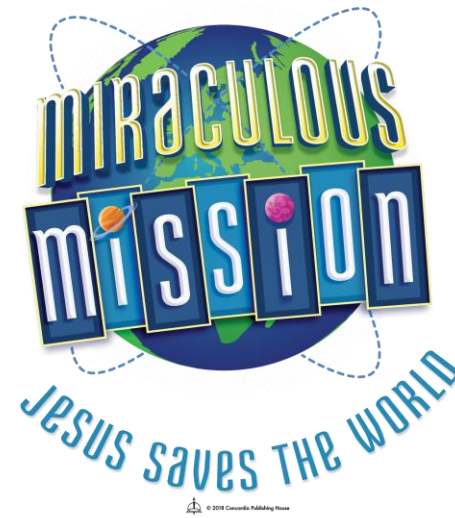
I am voluntarily sending my child to VBS at St. Paul Lutheran Church and hereby discharge said church and members from any liability for injury or damages sustained while he/she attends Vacation Bible School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Questions? Call the church at 402-228-1540 or Vicki Frerking, 402-239-5312

**(There will be a closing program on Friday evening at 7:30 p.m.)**



Vacation Bible School at St. Paul's Lutheran Church: "**Miraculous Mission: Jesus Saves the World**". We'll learn about God's plan of salvation from creation to the cross!

**July 16-19 from 5:30 p.m. to 7:45 p.m.** at 321 N 10<sup>th</sup> St. for kids ages 4 through 6<sup>th</sup> grade. We'll have a kid friendly meal from 5:30 to 6 p.m. and then hear Bible stories, do activities, make crafts, and sing fun songs. Use this form to register and return it by:

1: Print and deliver to church. (Registration box is at the entrance of church.)

2: Print and mail to St. Paul's Church, 321 N 10<sup>th</sup>, Beatrice, NE, 68310.

3: Text a photo of the completed form to 402-239-5312.

4: Email a photo of the completed form to [stpaulbeatrice@gmail.com](mailto:stpaulbeatrice@gmail.com).