

# St. Luke's Lutheran Church

**VBS Registration June 18 – 21, 2018 (Pre-K - 5<sup>th</sup> Grade)**

**Music Camp Registration June 18 – 22, 2018 (K - 8<sup>th</sup> Grade)**

**Minnesota Zoo Field Trip June 22, 2018 (PreK-8<sup>th</sup> Grade)**

Registration for:  VBS/Music Camp Combo (M-F)  VBS ONLY (M-TH)  Music Camp ONLY (M-F)

Zoo Field Trip (F)

Student's Full Name \_\_\_\_\_

Nickname (preferred to be called): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age by 6/18/18 \_\_\_\_\_ Gender:  Boy  Girl

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

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

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best Daytime Phone (Cell/Work): \_\_\_\_\_

Parent's Email \_\_\_\_\_

St. Luke's Member:  Yes  No Home Congregation: \_\_\_\_\_

T-Shirt Size:  Youth XSM  Youth SM  Youth M  Youth L  Youth XL Adult Size

## **Medical/Behavioral Information**

Has your child had or currently have (*check all that apply*):

Allergies to Food

Diagnosed with ADD or ADHD

Other known Allergies

A diagnosis or history of behavioral or learning

Any Health Restrictions on Activities or diet

concerns we should know about?

Any chronic conditions (i.e. seizures, asthma, ear infections...)

None

Please explain any items checked above: \_\_\_\_\_

Is tetanus shot current?  Yes  No Are other immunizations current?  Yes  No

Does your child take any medications?  Yes  No

List Medications (attach a sheet if necessary): \_\_\_\_\_

Rules of Cooperation (*check all that apply*):

My child has difficulty following safety rules including staying in designated areas

My child has difficulty following age appropriate rules

My child has difficulty cooperating with other kids and sometimes requires extraordinary staff involvement

My child has difficulty participating in activities without individual supervision

None

Does your child have an IEP?  Yes  No

Is this your child's first large group experience?  Yes  No

Anything else that would be helpful to know about your child? \_\_\_\_\_

List all people allowed to pick up your child: \_\_\_\_\_

PLEASE NOTE: YOUR CHILD WILL NOT BE RELEASED TO ANYONE WHO IS NOT LISTED HERE WITHOUT WRITTEN PERMISSION.

**Emergency Information**

Emergency Contact Name: \_\_\_\_\_

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

Emergency Contact Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Waivers and Permission**

I/We the undersigned have legal custody of the participant named below, a minor, and have given our consent for

\_\_\_\_\_ (Full name of child) to participate in VBS/Music Camp at St. Luke’s Lutheran Church the week of June 18-22. I give my permission to engage in all activities except as noted at the bottom of this form. I give my permission for my child to be transported to and from activity sites in personal vehicles driven by people over the age of 21. I understand that I am responsible for arranging my child’s transportation home if my child is dismissed prior to the official end of the activity because of unruly behavior. I also give permission for photographs or video of my child to be used by the church for promotional or other purposes. In connection with my child’s voluntary involvement in activities undertaken with the participation and support of St. Luke’s Lutheran Church, I hereby agree, for myself, my heirs, assigns, executives, and administrators to release and discharge St. Luke’s Lutheran Church, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained by my child and/or property as a result of involvement in such activities, whether or not resulting from negligence, and I agree to release and hold St. Luke’s Lutheran Church, its officers, and directors, employees, agents and volunteers harmless from any cause or action, claim or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that my child is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed in the best judgment of the physician. I am responsible for compensation of all fees incurred.

My child should be excluded from the following: \_\_\_\_\_

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

Relationship to the Participant: \_\_\_\_\_

**Costs**

VBS ONLY \$15 Music Camp ONLY \$15 VBS and Music Camp \$25 Zoo Trip \$10

**Afternoon Safe care will be available M-Th from 3:30-5:00 PM for an additional cost of \$5 per day.**

**Please circle below if care is needed.**

**Yes – I need Safe care**

**No – I do not need Safe care**

**Volunteering**

**Yes, I would LOVE to volunteer! Please contact me about helping with:**

Vacation Bible School  Music Camp

**I am available:**

Monday  Tuesday  Wednesday  Thursday  Friday (Music Camp only)

**The best way to contact me:** \_\_\_\_\_

Office use only: Payment:  Cash  Check Number  Credit Card via the Giving Kiosk

Scholarship request \_\_\_\_\_ Scholarship approved on (date): \_\_\_\_\_ Amount approved \_\_\_\_\_

Approved by (staff member): \_\_\_\_\_