

Reformation Lutheran Church
102 West Rose Tree Road
Media, PA 19063
610-891-0600

VACATION BIBLE SCHOOL REGISTRATION – July 19-23, 6:00-8:30 p.m.

PLEASE PRINT. COMPLETE ONE FORM FOR EACH CHILD.

Name of Student: _____

Birth date: _____ Age: _____ Grade (last completed): _____

Allergies, known medical conditions, and/or special needs: _____

Parents' Names: _____

Guardian's Name (if other than parents): _____

Address: _____
street city zip code

Phone #'s: (H) _____ (W) _____ (C) _____

Email: _____

(Please indicate which parents' contact information is listed above.)

Emergency contact person and phone in case parents can't be reached:

- **Eligibility:** Age 3 (No children in diapers, please) through completed Grade 5.
- **Foot wear:** Children should wear comfortable shoes appropriate for athletic activities and dancing. For safety reasons, please no flip-flops or sandals.
- **Church Membership:** _____ Reformation Lutheran Church
_____ Other _____
_____ None at this time

PLEASE SEE SECOND SIDE TO COMPLETE REGISTRATION

- I give my permission to put my child's name and picture on the church bulletin board, in the newspaper or on the Church's website.
____ Yes ____ No _____(please initial)

- I understand that for the safety and security of the students, the parents/guardians will be asked to SIGN IN AND SIGN OUT their children with the classroom teacher.
_____(please initial)

- Names of individuals (other than those named above) who have my permission to pick up my child.

- I give my permission for activity leaders to seek medical treatment in case of emergency.
____ Yes ____ No _____(please initial)

- I have received, read, and agree with the "Behavior Covenant" for students.
_____(please initial)

- A copy of "Safety for Children and Youth at Reformation Lutheran Church" is available upon request.

Signature _____ Date _____