

Ebenezer Lutheran Church

Vacation Bible School

Enrollment will be limited to space available, please turn in your form and fee by June 14, 2024

One form per child please!

Student's Name _____ Age _____ M / F _____

Address _____

Parents/Guardian _____

Phone _____ Cell Phone _____

EMAIL _____

Emergency contact: (name) _____ (phone) _____

What grade will your child be in school/preschool this Sept 2024? _____ Birthdate _____

Family's Church or Sunday Schools attended? _____

Siblings also attending VBS? No ___ YES (name/s) _____

Parent/Family working at VBS? _____

T-Shirt Size Child small ___ medium ___ large ___

Adult small ___ medium ___ large ___

ALLERGIES or other Health concerns: None () or List _____

Child should be dismissed to (Names and relationships) _____

PERMISSION IS HEREBY GRANTED to use photos of quotes from and likenesses of my minor child in print or electronic media such as, but not limited to brochures, radio ads, web pages, video, and others as seem useful by Ebenezer Lutheran Church. Any claim or right is hereby waived to any royalty or fees that may be applicable for the use of such images, quotes, or likeness.

YES ___ NO ___ Parent/Guardian Initials _____

EMERGENCY MEDICAL RELEASE I hereby give permission that my child may be given emergency first aid by the Ebenezer Church Vacation Bible School staff. I authorize and consent for medical treatment to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health if I cannot be contacted from June 24 to June 28, 2024. I give permission for my child named above to be transported by ambulance or aid car at my expense to an emergency center for medical care.

Parent/Guardian Signature _____ Date _____ 2024

Additional Information for Ebenezer VBS Staff if needed: _____