

# 2017-18 FAITH FORMATION/VBS/RELATED ACTIVITIES REGISTRATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ EMail \_\_\_\_\_

Emergency contact \_\_\_\_\_ Telephones \_\_\_\_\_ / \_\_\_\_\_

Health History for Child (give approximate dates) ear infections \_\_\_\_\_ Heart defect/disease \_\_\_\_\_  
seizures \_\_\_\_\_ diabetes \_\_\_\_\_ bleeding/clotting \_\_\_\_\_  
other \_\_\_\_\_ Food Allergies (circle all that apply) dairy grains  
seafood peanuts/other nuts meat eggs other \_\_\_\_\_

Medical Allergies (circle all that apply) hay fever insect stings penicillin /other drugs \_\_\_\_\_  
other \_\_\_\_\_

Chronic or recurring illness or medical condition (if applicable) \_\_\_\_\_

Learning or behavioral concerns \_\_\_\_\_ Other suggestions or  
information that may help make your child's Faith Formation/VBS more comfortable and enjoyable:  
Use the back of this form if necessary \_\_\_\_\_

Permission to Provide Necessary Treatment or Emergency Care: I hereby give my permission to the church staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me / my child. In event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the church staff to secure and administer treatment including hospitalization, for the person named above.

\*\*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Permission to Participate in the Program: I give permission for my child to attend and participate in Faith Formation/VBS and its related activities. Photographs or videos that include my child may be used in promotional materials (including, but not limited to: web pages, local newspapers and Facebook pages) for the church. \*\*Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list who can pick up your child from Faith Formation sessions, VBS, and/or any related activities:

\_\_\_\_\_

If any person who is not on this list, requests to pick up your child, they must present a driver's license and a written note from the parent OR parent may phone the church office or Program Director. I reserve the right to not disclose the requested information and I understand that St. Timothy Lutheran Church and its agents will not be held liable.

\*\*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Optional:

Name on health insurance policy \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_