

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 _____