

2018-19 FAITH FORMATION/VBS/RELATED ACTIVITIES REGISTRATION

Name_____Date of Birth_____Sex_____Grade_____

Address_____

Zip_____phones_____/_____EMail_____

Emergency contact_____phones_____/_____

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 Coordinator of Christian Education. 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**_____

Revised 8-10-18