

# Saint John's

959 Valley Road, Arroyo Grande 805-489-1259



## August 3-5 2018

### Vacation Bible School Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade Completed: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ 2nd Phone for Emergency Use: \_\_\_\_\_  
Home Church: \_\_\_\_\_ We are looking for a church home

By signing, I authorize emergency medical and/or dental treatment for my children during Vacation Bible School (August 3 - 5, 2018)

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Total number of Adults & Children for Friday Dinner** \_\_\_\_\_

### Saint John's Lutheran Church Minor Photo Release Form Effective through September 30, 2019

Please Initial Here

\_\_\_\_\_ I understand that Saint John's Lutheran Church may publish in print, electronic, or video the likeness or image or voice of my child. I release all claims against Saint John's Lutheran Church with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand that when images are published, Saint John's will take cautionary steps to provide minimum identifying information.